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Exploring Leadership Perceptions and Practices Supporting Urban Middle and High School Students Diagnosed with ADHD

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Abstract

Although children with attention deficit hyperactivity disorder (ADHD) have been extensively studied in the educational setting in past decades, urban public school leaders' (UPSLs) views have been overlooked. A transcendental phenomenological design was used in this study to capture the lived experience of UPSLs' perceptions and practices in supporting urban middle and high school students diagnosed with ADHD. Eight retired UPSLs participated in open-ended, semi-structured interviews. As a result of the rich stories and open discussions, the researcher identified four themes: (a) behavioral and pharmacological interventions, (b) systemic challenges and obstacles, (c) school policies and mandates, and (d) ADHD training options.

The findings indicate a need to understand best practices in ADHD intervention for UPSLs in a system riddled with inadequacies and frustrations. Trapped by regulations and procedures, there is a need to empower UPSLs with ADHD recognition and knowledge. Several recommendations were made for policymakers and leaders regarding the need for more qualified professionals to assist with students' Individualized Education Plans or in the 504 Plan process. It was recommended that districts monitor and enforce applicable laws to ensure equitable practices, especially with professional development training in ADHD-related behaviors and with intervention strategies, as well as put into place New York State special education certification programs. Also recommended was decentralizing the Committee on Special Education process and providing a continuum of training for all staff supporting students with ADHD.

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Dedication

I thank God for His wisdom, mercy, and strength, and for providing me with a great support system throughout my dissertation journey. The sleepless nights, reading and writing, taught me the significance of the Latin phrase “Perseverantia vincit.”

I thank Dr. Guillermo Montes and Dr. Idonia Owens for their remarkable guidance and support. Your high expectations and expertise have made me a better scholar.

To Cohort 16 family, thank you for your knowledge, support, and friendship. Team Trinity, you are the best. I thank all of the retired urban public school leaders who participated in this study. Thank you for making time in your busy schedules to help contribute to moving this research forward in the field of education.

I want to thank my parents for instilling in me the importance of education, hard work, humility, and respect for all humanity.

To Theo, Carlton, and Elaye, my amazing children, you are the essence of my inspiration. Thank you all for your encouragement and your achievements during this period. I am so proud of you all.

Finally, to my wife, Judith, thank you for your encouragement and sacrifice that made this journey possible**.** None of this would have been feasible without your support. I love you.

Biographical Sketch

Stanley W. Ekiyor is a Behavior Analyst and Professional Development Specialist in the Office of Professional Learning at the Rochester City School District. He also serves as an Urban Education Consultant with the Teachers Opportunity Corps (TOC II) program at Nazareth University.

Mr. Ekiyor completed his Bachelor of Sciences degree in Business Administration, specializing in Banking and Finance, from the Rivers State University of Science and Technology in Nigeria in 1988. He received a Master of Education degree from Roberts Wesleyan University in Rochester, New York, in 2008. In 2016, Mr. Ekiyor received an Academic Graduate diploma in Applied Behavior Analysis from North Texas University.

Mr. Ekiyor is a Board Certified Behavior Analyst (BCBA) and New York State Licensed Behavior Analyst (LBA). Mr. Ekiyor entered the EdD in Executive Leadership program at St. John Fisher University in the summer of 2021. He pursued his research interest in leadership perceptions and practices supporting middle and high students diagnosed with ADHD in urban schools under the direction of Dr. Guillermo Montes and Dr. Idonia Owens and received the EdD degree in 2023.

Abstract

Although children with attention deficit hyperactivity disorder (ADHD) have been extensively studied in the educational setting in past decades, urban public school leaders' (UPSLs) views have been overlooked. A transcendental phenomenological design was used in this study to capture the lived experience of UPSLs' perceptions and practices in supporting urban middle and high school students diagnosed with ADHD. Eight retired UPSLs participated in open-ended, semi-structured interviews. As a result of the rich stories and open discussions, the researcher identified four themes: (a) behavioral and pharmacological interventions, (b) systemic challenges and obstacles, (c) school policies and mandates, and (d) ADHD training options.

The findings indicate a need to understand best practices in ADHD intervention for UPSLs in a system riddled with inadequacies and frustrations. Trapped by regulations and procedures, there is a need to empower UPSLs with ADHD recognition and knowledge. Several recommendations were made for policymakers and leaders regarding the need for more qualified professionals to assist with students' Individualized Education Plans or in the 504 Plan process. It was recommended that districts monitor and enforce applicable laws to ensure equitable practices, especially with professional development training in ADHD-related behaviors and with intervention strategies, as well as put into place New York State special education certification programs. Also recommended was decentralizing the Committee on Special Education process and providing a continuum of training for all staff supporting students with ADHD.

Table of Contents

List of Tables

Chapter 1: Introduction

Attention-deficit/hyperactivity disorder (ADHD) is a diagnostic category in the *Diagnostic and Statistical Manual of Mental Disorders(*5th ed.; *DSM-5;* American Psychiatric Association, [APA], 2013) with three broad characteristics: inattentive, hyperactive-impulsive, and combined. The three general characteristics manifest in the lack of attention to detail, inability to organize thoughts and actions, excessive talking, fidgeting, and difficulty staying in assigned seating (APA, 2013). The Centers for Disease Control and Prevention (CDC, 2022a) asserted that ADHD can be more toward inattentiveness, such as having difficulty completing tasks, organizing, focusing on details, or following directions. It can also include more hyperactive-impulsive behavior, with frequent movements and spontaneous verbalization, unable to participate in activities quietly and respond to immediate needs rather than from careful thought (CDC, 2022a). Finally, ADHD can be a combination of the manifestation of both groups of symptoms (CDC, 2022a).

To be diagnosed with ADHD before age 12, a child must display six or more inattentive and hyperactive-impulsive symptoms in more than one environment (home, school, and community activities), be inconsistent with their developmental level, and be negatively impacting social and academic activities (APA, 2013). The ADHD diagnostic criteria for adolescents and adults (17 and older) indicate at least five inattentive or hyperactive-impulsive symptoms for a clinical diagnosis of ADHD (APA, 2013).

The World Health Organization's (WHO) international classification of diseases initially defined hyperkinetic disorder as an equivalent diagnosis to ADHD, and it was used

predominantly in Europe (WHO, 2004). Hyperkinetic children or adolescents tend to be hasty, impulsive, and susceptible to accidents (WHO, 2010). *WHO's International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) Version for 2010* describes the hyperkinetic disorder as an early-onset (usually in the first 5 years of life) behavior pattern in more than one setting displaying difficulty sustaining attention to tasks, easily distracted, difficulty organizing, excessive movement, and a tendency to respond to immediate stimuli without considering the risks and consequences. The extent of these patterns of behavior significantly interferes with educational, vocational, or social functioning (WHO, 2018). Unfortunately, they present severe behavioral "challenges due to frequent circumnavigation of rules rather than willful disobedience of laws" (WHO, 2010, p. 1).

In addition, ADHD is a common neurodevelopmental childhood disorder that can cause severe impairment into adulthood (Kos et al., 2006; Sciutto et al., 2016; Spaniardi et al., 2017). ADHD symptoms can lead to poor health conditions that can negatively impact the quality of life in both children and adults, with a significant risk of suicidal idealization; mood, anxiety, and sleep disorders; substance abuse; incarceration; and relationship conflicts (D'Agati et al., 2019; Franke et al., 2018; Gentile et al., 2006; Zulauf et al., 2014).

Background

ADHD syndrome was first mentioned in the literature studies in the late 18th century (Faraone et al., 2015), and it was initially only reported in school-aged boys (Still, 2006). Studies indicate that ADHD is more prevalent among males than females, and it is either not recognized or less diagnosed in females (ADHD Institute, 2021). It is estimated that males are likely to be diagnosed 10 times more than females with ADHD. Although diagnosis in females is still lower than in males, female prevalence has increased 3 times more in the last decade. The increased

prevalence rate in females is attributable to medical practitioners and parents' attitudes toward diagnosing ADHD symptoms (Davidovitch et al., 2017).

It was not until the late 20th century that research strongly indicated that ADHD continues from childhood into adulthood (Wood et al., 1976). Polanczyk et al. (2014a) and Fayyad et al. (2017) has shown that ADHD is prevalent worldwide, and it significantly impacts the daily output and well-being throughout the lifespan of individuals with the disorder (Erskine, 2016). ADHD is a neurodevelopmental disorder that affects 5%–7% of children and adolescents worldwide (Polanczyk et al., 2014b). ADHD is one of the most prevalent developmental disorders in children (Danielson et al., 2018), with an estimated prevailing rate of 8.4% to 10.2% in the United States (Xu et al., 2018), and there is at least one ADHD student in every inclusive classroom in the United States (Alkahtani, 2013; APA, 2013; Barkley, 2006; DuPaul & Weyandt, 2006; Taylor, 2005).

To complicate matters further, an estimated two-thirds of children with ADHD in the United Stated have at least one comorbid neurodevelopmental disorder (CHADD, 2018a, 2018b, 2019a; Parker et al., 2016). Reale et al. (2017), in a study of 1,919 children and adolescents with ADHD, reported that only 34% had a single diagnosis, while 56% of children and adolescents studied presented with ADHD and learning disorders. The Canadian ADHD Resource Alliance (CADDRA, 2018) estimated that 50% to 90% of children diagnosed with ADHD have at least one comorbid condition, and 50% of children and adolescents diagnosed with ADHD have at least two comorbid conditions. The prevalence rate of ADHD and comorbid neurodevelopment disorders among children and adolescents characterized by age are summarized in Table 1.1.

Table 1.1

Prevalence of ADHD and Comorbidities Among Children and Adolescents

Subjects	Prevalence Less than 10%	Prevalence 11% to 30%	Prevalence More than 31%
Children 6–12 years old	Depression Substance use Obsessive-compulsive disorder (OCD)	Anxiety Autism spectrum disorder Conduct disorder Tic disorders	Learning disabilities Oppositional defiant disorder (ODD)
Adolescents 13–17 years old	Bipolar disorder Obsessive-compulsive disorder (OCD)	Anxiety Autism spectrum disorder Conduct disorder Depression Opposition defiant disorder (ODD) Substance use	Learning disabilities Tic disorder

Note. Adapted from the "Canadian ADHD Practice Guidelines, Fourth Edition" by the Canadian ADHD Resource alliance (CADDRA), 2018, p. 22. Copyright 2018 by CADDRA. https://www.caddra.ca/caddra-guidelines-4th-edition-feb2018.pdf

According to CADDRA (2018), the most common comorbid conditions in children and adolescents are learning disabilities and oppositional defiant disorder (ODD), which significantly impact their educational performance. Gnanavel et al. (2019) indicated that ADHD is a clinically diverse condition with comorbidities posing distinct challenges to diagnosing and managing individuals with ADHD. For example, an estimated 20–50% of children with autism spectrum disorder met the *DSM-5* criteria for ADHD symptoms (Rommelse et al., 2011; Stevens et al., 2016). An estimated 10%–20% of tic disorders were reported in children with ADHD (Cohen et al., 2013; Steinhausen et al., 2006). Intellectual disability is 5–10 times more common in children with ADHD than non-ADHD children (Simonoff et al., 2007). Also, 25%–40% of diagnosed students with ADHD read and write with considerable difficulties, and most indicate comorbid language disorders (Sciberras et al., 2014; Willcutt et al., 2012).

Etiologies of ADHD

Although ADHD is among the most researched developmental disorders, a single known factor has not been attributed to its cause (Cumyn, 2007; Thapar et al., 2013). However, ADHD is a disorder in which genetic differences between children contribute substantially to the likelihood of the condition (Scerif et al., 2015). Researchers have indicated strong evidence attributing the origin of ADHD to multiple etiologies such as neurological, genetic, and environmental factors in all ages (Curatolo et al., 2010; Kelil et al., 2014; Pineda-Cirera et al., 2018). Environmental factor exposure at the earlier developmental stages of childhood has a significant impact (Spiers et al., 2015). For instance, findings showed that the manifestation of ADHD is considered a potential risk to prenatal (before birth), perinatal (immediately before and after childbirth), and postnatal (after birth) factors (Sciberras et al., 2017; Thapar et al., 2013). An estimated 60% to 80% of those diagnosed with ADHD have parents with the disorder (Froehlich et al., 2011; Grandjean & Landrigan, 2014; Storebø et al., 2019).

Brain Correlation

Neuroimaging (imaging that focuses on the brain) studies have shown that various brain networks of people with ADHD are either underactive or overactive compared to individuals without the condition. These changes ultimately affect the ability of the supplementary motor cortex (voluntary movements) to process information through the executive function network of the brain (Banerjee & Nandagopal, 2015; Cortese et al., 2012). Neuroimaging researchers have increased their knowledge of the root of ADHD but still struggle to understand how the differences in brain development influence the pathophysiology (Dennis & Thompson, 2013). However, understanding brain-based studies may help practitioners and school leaders make

informed decisions on future strategic planning and implementation for students with special needs (Glick, 2011).

Pharmacology

However, "there is also evidence that appropriate treatment ameliorates some of these outcomes" (Shaw et al., 2012, as cited in Montes & Montes, 2020, p. 1497). Pharmacological treatments, like dextroamphetamine-AMP (Adderall) and methylphenidate (Ritalin), are the common medication intervention for most children and adolescents with ADHD (De Crescenzo et al., 2017). Although pharmacological treatments are not a lasting cure for ADHD, they may assist individuals with the symptoms to focus, organize their thoughts and actions, take turns in conversations, listen to instructions, and practice new skills (NHS, 2021). Jangmo et al. (2019) indicated that medication treatment could positively affect school performance by students diagnosed with ADHD when adhered to as prescribed (Jangmo et al. 2019).

Unfortunately, although stimulant medications show promising signs, an estimated one-third of youths do not respond to them, and one out of every 10 experience adverse side effects (Chacko et al., 2014). Poor adherence to, and an untimely termination of, stimulants continues to undermine their benefits. An estimated 54% of children with ADHD are not adhering to medication treatment as prescribed (Wolraich et al., 2019). In a study by Charach and Fernandez (2013), 40% of families remove medications on weekends for their school-aged children, which leads to inconsistency. Prescription medication significantly benefits children's success during independent seatwork activities and classroom behavior, but the prescribed medications did not translate to learning the subject content during instruction (Pelham et al., 2022).

Financial Burden of ADHD Symptoms

Research shows that in addition to the educational challenges children with ADHD encounter in the quality of their daily life, it creates an enormous financial burden on individuals, families, and society. For instance, ADHD symptoms and its comorbidities challenges generate more health care visits for mental, medical, and pharmacological needs for ADHD children than non-ADHD children (Chan et al., 2002; Guevara et al., 2001). Doshi et al. (2012) conducted a study from January 1, 1990, through June 30, 2011, on the cost of medications for individuals with ADHD to determine the overall national cost in the United States. The analysis included 19 studies that reported an annual average cost increase per individual with ADHD than non-ADHD controls. Per-individual total "costs were adjusted to 2010 U.S. dollars and converted to annual national incremental costs of ADHD based on 2010 U.S. census population estimates" (Dorshi et al., 2012, p. 992). The findings indicated that the U.S. yearly annual cost of ADHD ranged from U.S. $143 to $266 billion for children and adults. Children and adolescents accounted for $38 to $72 billion in cost in 2010, with an estimated inflated cost in 2022 of $51 to $97 billion U.S. dollars (U.S. Bureau of Labor Statistics, n.d.). Pelham et al. (2007) also estimated that the yearly fee for children in the United States ranges from $36 to $52 billion U.S. dollars.

Schein et al. (2022), in a recent study, estimated the annual societal cost in the United States related to ADHD at $19.4 billion for children ($6,799 per child) and 13.8 billion for adolescents ($8,349 per adolescent), with special education and related services to students with ADHD bearing 50% of the total cost amounting to $18.3 billion in both children and adolescents (Schein et al., 2022). In addition, Zhao et al. (2019) indicated that the financial burden of families raising children with ADHD in the United States is 5 times more than their non-ADHD peers in a study that spanned 12 years ($15,036 vs. $2,848).

Academic Outcomes

Research studies have indicated that students diagnosed with ADHD have cognitive development challenges; social-emotional challenges; and related functioning challenges in school, home, and community settings (Cussen et al., 2011; Mohammed, 2018). These clinical presentations have been constantly linked to poor school-level outcomes (Alkahtani, 2013; Barkley, 2006; DuPaul & Weyandt, 2006; Rushton et al., 2019). ADHD is linked to poor reading, math, intelligence test scores, and high school retention. Studies have indicated that the clinical presentations of ADHD symptoms can interfere with teacher-student relationships and significantly affect a student's ability to thrive and succeed in a learning environment (Rogers et al., 2015). ADHD is linked with special education and related services, high detention and suspension rates, and poor high school graduation rates (Arnold et al., 2020; Fergusson et al., 1993; Hinshaw, 1992; Loe & Feldman, 2007). In addition, classroom rules and rituals demanding children to follow rigid structures could trigger symptoms of ADHD, resulting in labeling, negative self-esteem, and poor relationships with staff (Gwernan-Jones et al., 2016).

Family conflicts involving parents or siblings are more likely for students diagnosed with ADHD (Chang & Gau, 2017). A high number of individuals (75%–79%) with untreated ADHD performed worse, both in achievement and educational test outcomes, than the non-ADHD control individuals (Arnold et al., 2020) and social functioning (Harpin et al., 2013) compared to non-ADHD diagnosed children. For example, among all ethnic minorities in the United States, African American and Hispanic children with ADHD have a higher chance than their White peers of going undiagnosed and functioning without any support system (Slobodin & Masalha, 2020). ADHD is also linked with poor career outcomes, a high probability of substance abuse, and crime (Erskine, 2016). Although the educational amount spent on children with ADHD by

schools in the United States is 5 times more compared to their non-ADHD peers, the academic results are still poor (Zhao et al. 2019).

Laws and Legislations

District school leaders are mandated by federal statutes, such as the Americans with Disabilities Act (ADA) of 1990, the Individuals with Disabilities Education Act (IDEA) of 1990, Section 504 of the Rehabilitation Act of 1973 (504 Plan), and the Family Educational and Privacy Rights Act (FERPA) of 1974. These laws ensure access to a free appropriate public education (FAPE) in the least restrictive environment (LRE) for all children with a disability in the United States. Two resources available for eligible students diagnosed with ADHD who need special education services are an individualized education program (IEP) or a 504 Plan. An IEP is a written plan "designed to meet unique needs" (CDC, 2022a, p. 2) and provides special education services for eligible children. A 504 Plan "provides services and changes to the learning environment" (CDC, 2022a, p. 2) by offering accommodations to meet a child's needs as adequately as their peers.

Educational Practices in Schools

In the United States, children diagnosed with ADHD may qualify for and receive special education services through the IDEA under Other Health Impairment (OHI) or Section 504 of the Rehabilitation Act of 1973 (Mulligan, 2001). DePaul et al. (2018) conducted a prevalence study with data from 2,495 children with ADHD between the ages of 4 and 17 years, indicating that 69.3% of "students with ADHD received school-based services" (p. 1303), and 62.3% received educational support. In addition, an estimated 43% had an IEP, while almost 14% had a 504 Plan (DePaul et al., 2018).

A 2014 CHADD survey indicated that 66.4% of 504 Plans were not adequately implemented, and 50% of the respondents' students were denied eligibility for an IEP. In addition, 45% of students received a 504-Plan service, and 100% of students under a 504 Plan did not receive additional services despite research showing that ADHD comorbidity rates average 66% nationally (CHADD, 2018a, 2018b, 2019a, 2019b). With one in three students receiving no school-based interventions, two in three not provided with classroom management support, and one in five experiencing extreme challenges without assistance, students with ADHD are at substantial risk for academic failure and exclusionary discipline (DuPaul et al., 2011). Lovett and Nelson (2020) posited:

> Accommodations are the most common response to ADHD in educational settings, with testing accommodations such as extended time being particularly prevalent. Unfortunately, most accommodations fail to show benefits specific to students with ADHD, and many more common accommodations have few or no experimental studies supporting them. (p. 448)

Guerra et al. (2017) stated that teachers might lack sufficient information on intervention strategies for ADHD students during their preservice preparation and not receive enough district or administrative support regarding ADHD students through professional development. And teachers' knowledge, skills, and beliefs might significantly impact classroom behavior management regarding students diagnosed with ADHD (Owens et al., 2017).

Despite laws mandating schools in the United States to provide access to FAPE in the LRE for all children with disability in schools, an estimated one-third of children with ADHD do not have IEPs or 504 Plans. Moreover, when they do have an IEP or a 504 Plan, the implementation of the plans is partial and incomplete (CHADD, 2018a, 2019b).

Problem Statement

The CDC (2022a, 2022b) asserted that students with ADHD can be more inattentive and have difficulty completing tasks, organizing, focusing on details, or following directions than their non-ADHD counterparts. On the other hand, the ADHD student could be more hyperactive and impulsive, displaying frequent movements and spontaneous verbalization, have a high level of activity or excitement, or act on immediate needs or feelings without careful thought (CDC, 2022a). ADHD could be a combination of the manifestation of both groups of symptoms (CDC, 2022b). These clinical presentations are constantly linked to poor school-level outcomes (Rushton et al., 2019; Alkahtani, 2013; Barkley, 2006; DuPaul & Weyandt, 2006). In addition, children with ADHD experience higher self-regulation deficits and mistreatment from their peers than children without ADHD (Fogleman et al., 2018).

While many areas of ADHD have been studied extensively in educational settings, few studies have addressed urban public school leaders (UPSLs) and teachers' perspectives on the challenges encountered and strategies utilized to support students with ADHD. The bulk of this research has focused on teacher knowledge and perceptions (Bardi et al., 2021; Dwarika & Braude, 2020; Greenway & Edwards, 2020; Mohr-Jensen et al., 2015; Weiner & Daniels, 2016; Youssef et al., 2015). UPSLs are mandated by law to ensure students with ADHD are provided FAPE, equal access, and appropriate accommodations in the LRE (ADA, 1990; IDEA, 1990; Section 504 of the Rehabilitation Act of 1973). In spite of the laws, IEPs or 504 Plans are not implemented with fidelity (CHADD, 2018a, 2918a, 2019b). Also, with an estimated annual U.S. cost of $18.3 billion in special education and related services to students with ADHD (Schein et al., 2022), student engagement and scholastic achievements are deficient (Rushton et al., 2020).

Although these mandates stipulate that UPSLs implement policies and systems to meet the needs of ADHD students, which impacts at least one student in every inclusive classroom in the United States (Alkahtani, 2013; APA, 2013; Barkley, 2006; DuPaul & Weyandt, 2006; Taylor, 2005), UPSLs' perspectives on ADHD in the educational setting have been overlooked, indicating a strong need to include the UPSLs' views on ADHD research (Esposito et al., 2019). This gap is widespread in qualitative studies on UPSLs' perspectives on ADHD (Ewe, 2019). Thus, there is a definite need for a broader purview of research subjects, especially leadership views on ADHD (Barkley, 2006).

Theoretical Rationale

This research study will be grounded on Bolman and Deal's (2021) four-frames (structural, political, human resource, and symbolic) of organizational leadership. District education leaders have a critical role and responsibility in deciding policies, processes, and decisions. Therefore, it is essential to focus on leadership as the primary facilitator of these processes and use a framework to show how leaders engage in district-wide decisions relating to students diagnosed with ADHD. In organizational theory studies, Bolman and Deal's (2021) four frames serve as a widely respected lens through which to view the leadership decisions in an organization. Thus, appropriate for this study.

Bolman and Deal (1991b) described the four-frame theory of leadership through a perspective of "structural, human resource, political and symbolic" (p. 20) processes when making decisions. Each frame is "a coherent set of ideas forming a prism or lens that enables leaders to see and understand more clearly" (Bolman & Deal, 2021, p. 45). The structural frame "emphasizes goals and efficiency" (Bolman & Deal, 2021, p. 51). The human resource frame centers on employee needs (Bolman & Deal, 2021), and the political frame focuses on the

political realities within and outside organizations (Bolman & Deal, 2021). This approach concentrates on resolving conflicts over scarce resources and building a coalition among interest groups with varying opinions to support leaders' initiatives. Finally, the symbolic frame views the organization as unique culture or ceremony in which leaders must provide meaning (Bolman & Deal, 2021).

"We initially developed the frames to survive each other" (Bolman & Deal, 1984, p. xii). For example, the researchers were assigned to co-teach a course at Harvard but could not agree on a common approach. Bolman and Deal (1984) asserted that they developed the frames inductively to address disagreements in their worldviews.

The four-frame theory is based on a "multi-frame view" (Bolman & Deal, 1992, p. 19) that has been previously researched, and the benefits acknowledged by scholars like Allison (1971), Morgan (1989), Perrow (1986), Quinn and Cameron (1988), and Scott (1981) as cited in Bolman and Deal (1991a).

Bolman and Deal's (1984) first publication was *Modern Approaches to Understanding and Managing Organizations*. In 1991, the authors changed the title to Reframing *O*rganizations: Artistry, Choice, and Leadership*,* and the seventh edition was released in 2021. Although Bolman and Deal's (2021) seventh edition is more modern, their view of the organization "as factories, families, jungles, and temples" (p. 17) remains their conceptual tenet of the four-frame theory. However, Bolman and Deal (2021) did incorporate new research, revised case examples to keep up with the latest developments, and created a Leadership Orientation Survey that evaluates individuals' dispositions toward leadership through each frame in response to feedback from researchers.

The Structural Frame

The structural frame views organizations as factories or machines with the sole purpose of running smoothly. This perspective is rooted in Frederick Taylor's (1911) scientific management approach and the German economist and sociologist Max Weber's (1966) concept of bureaucracy as a new phenomenon different from a patriarchal organization (Bolman & Deal, 2021). Bolman and Deal posit that effective organizations establish strategies that set measurable goals, tasks, and responsibilities and create systems and procedures through policies and reporting lines. Structural leaders solve organizational problems with new policies and regulations or through restructuring (Bolman & Deal, 2021).

Human Resource Frame

The human resource frame evolved around Mary Parker Follett and Elton Mayo, who challenged that employees are only motivated by receiving a paycheck to which they are entitled (Bolman & Deal, 2021). The human resource frame focuses on employees' basic needs and presumes that organizations that meet the basic needs of employees will perform better. Human resource leaders define challenges in relational terms and seek ways to adjust the organization to fit individuals' needs through training and workshops (Bolman & Deal, 2021).

The Political Frame

The political frame originated from political science and focused on power and conflict resolution during decision-making. Political leaders are advocates and negotiators (Bolman & Deal, 2021) who value logical and reasonable ways of addressing problems. Leaders concentrate on interfacing, compromising to achieve consensus, and building a power base by creating an alliance with stakeholders (Bolman & Deal, 2021).

The Symbolic Frame

The symbolic frame originated from several disciplines, including "organization theory and sociology, political science, magic, neurolinguistics programming, and cultural anthropology" (Bolman & Deal, 2021, p. 253). The symbolic frame inspires employees by making the organization's direction meaningful and unique. It includes creating a motivating vision and acknowledging excellence through company celebrations. In addition, leaders pay attention to myth, ritual, ceremony, and stories, instilling a sense of enthusiasm through presence and drama (Bolman & Deal, 2021)

Criticism of Bolman and Deal's (1991a) Framework

The relevant literature reviewed thus far does not suggest much criticism of Bolman and Deal's (1991a) work (Bensimon, 1989; Bolman & Deal, 1991b; Hellsten et al., 2013; Kezar et al., 2008; Seyal et al., 2012). In critiquing the application of the theory, Vuori (2018) stated that the constructivist paradigm in which the four frames were built excludes insight into leaders' frames of mind, especially in higher education settings. The researcher questioned whether Bolman and Deal's (1991b) frames could be "voluntarily chosen and learned" (Vuori, 2018, p. 88) and whether multi-frame thinking might be too complex. Vuori's (2018) study pointed out concerns that Bolman and Deal's (1991b) four frames represented "male-dominant leadership thinking, and it did not represent the female voice in leadership" (p. 89–90). Interestingly, in the same study, Vuori pointed out that the second and third points were contradicted by Dunford and Palmer (1995) when, in their research where the participants were trained to use the four frames and multi-frame thinking, they felt that both models benefited their leadership after 2 years. Also, Bolman and Deal's (1991b) and Thompson's (2000) research findings have indicated no differences in how males and females use the frames. However, Vuori (2018) contended that the

first criticism of how leaders' thinking affects their actions is significant and needs further probing. Bensimon (1989) also critiqued that the characteristics of the bureaucratic frame were too strong and overshadowed the symbolic or collegial qualities of observers.

Evidence of the Application of Bolman and Deal's (1991b) Model in Studies

Influential leaders and effective organizations rely on using multiple frames. Various approaches to organizational issues can help leaders see and understand how best to solve their problems (Bolman & Deal, 2021). Applications of this model included Novak and Day's (2015) studies that reflect the results of a survey of library reorganizations in the literature. Novak and Day (2015) identified and described five steps common to all library reorganizations and two management change theories: Kotter's (1995) eight-step change process and Bolman and Deal's (2013) *Reframing Organizations.* Finally, the researchers concluded by comparing these theoretical models to the practice and real-life experiences of reorganizations (Novak & Day, 2015). Sypawka et al. (2010) investigated the academic deans in community colleges' "leadership styles using Bolman and Deal's (1984) leadership orientation instrument to discover their primary leadership frame" (p. 64) to address positive management outcomes. The Sypawka et al. (2010) findings indicated that leadership development programs that enhance the concepts of leadership frames should be encouraged, and multiple frames should be promoted.

Snyder's (2018) study used Bolman and Deal's (2003) leadership and organizational frames to examine teachers' perceptions of educational leader responsibilities. In addition, the study utilized responses from two teacher interviews conducted with early adopters and laggards (Rogers, 1973). The findings indicated that while the teacher groups acknowledged the significance of Bolman and Deal's (2003) frames, the human resource frame improved collaboration with educational leaders to expand student academic performance.

Despite Bolman and Deal's (1991a) four-frame theory of leaderships' shortcomings, several scholars, such as Allison (1971), Morgan (1989), Perrow (1986), Quinn and Cameron (1988), and Scott (1981), as cited in Bolman and Deal (1991a), previously researched the multi-frame view and acknowledged the benefits.

Considering the constraints and challenges encountered by educational leaders, which require building relationships, communicating decisions, and negotiating with diverse stakeholders to maintain efficiency within their environment, the four-frame model seemed fitting for this current research (Schoepp & Tezcan-Unal, 2016). While some criticisms of Bolman and Deal's (1991b) four-frame model exist, studies have proven such criticism to be weak based on the reviewed literature. Hence, this researcher thinks embracing the four-frame model's tools in investigating leaders' views and practices in supporting middle and high school students with ADHD in urban schools will answer the research questions from an organizational context.

Statement of Purpose

This study examined retired educational leaders' views on providing access to services and support for middle and high school students with ADHD. It also documented the leaders' lived experiences through the four leadership frames of Bolman and Deal (2021). It ascertained the urban district leaders' interpretation of the problems and institutional challenges they encountered in supporting students diagnosed with ADHD. This study understood and acquired the leaders' decision-making experiences and views on designing better policies and implementing best practices for providing services for students diagnosed with ADHD.

Research Questions

This study examined the educational leaders' perceptions and practices in supporting middle and high school students with ADHD in urban districts through Bolman and Deal's (2021) four leadership frames. The three research questions the researcher used were:

1. What practices were used by urban district leaders to support middle and high school students diagnosed with ADHD?
2. Which of Bolman and Deal's (2021) four-frame constructs is dominant in the systems used by urban district leaders to support middle and high school students diagnosed with ADHD?
3. What district-level supports, such as professional learning experience, were provided to help staff working with students diagnosed with ADHD?

Significance of the Study

Federal laws mandate UPSLs to ensure free appropriate public education and services for students diagnosed with ADHD. Unfortunately, limited research has been conducted on district-level leaders' perspectives on students diagnosed with ADHD in urban schools. This study helps district leaders evaluate their knowledge of ADHD and provide insight into how services are facilitated for students with ADHD. This study gives urban school districts valuable suggestions on modifying systems to serve students diagnosed with ADHD and their families. Finally, the study outcome suggested training-specific professional learning that provides evidence-based strategies for UPSLs.

Definitions of Terms

The following terms are used throughout the work and supporting research.

ADHD (attention deficit hyperactivity disorder) – a persistent pattern of inattention or hyperactivity/impulsivity that interferes with functioning and development (APA, 2013). The symptoms present in "two or more settings (home, school, or social environment or activities) and negatively impact social, academic, or occupational functioning. Several symptoms must have been present before the age of 12 years" (APA, 2013, p. 1).

Comorbid – the simultaneous occurrence of two or more unrelated conditions (Stahl & Clarizio, 1999)

Diagnosis – identifies a syndrome based on signs and symptoms (APA, 2013).

Diagnostic and Statistical Manual of Mental Disorders, DSM-V – the American Psychiatric Association (APA) text used by clinicians and researchers to diagnose ADHD (APA, 2013).

Disability – any impairment of the body or mind that limits a person from doing certain activities and interacting with the world around them (CDC, 2020).

Etiology – the causation or origin of a disease (Nigg, 2012)

Knowledge – an awareness of something, the gaining of information, and how it is utilized (Perold et al., 2010).

Perceptions – how people judge and evaluate others. It is a process where meanings are attached to experiences (Mahar & Chalmers, 2007).

Symptom – indicates disease through changes in the mind or body (APA, 2013).

Chapter Summary

Chapter 1 defined ADHD and reviewed the problem, purpose, research questions, and potential significance of this study that explored urban school leaders' views and practices on supporting middle and high school students diagnosed with ADHD. Chapter 2 gives a review of the relevant scholarly literature and studies on (a) educators' knowledge regarding symptoms and behavior relating to ADHD, (b) ADHD symptoms and the educator-student relationship, (c) ADHD symptoms and behavioral intervention approaches, and (d) ADHD symptoms and pharmacological intervention approaches. Chapter 3 discusses the research design and methodology for this study. Chapter 4 states the study results, and Chapter 5 discusses the implications for UPSLs' practice, explains the study's limitations, provides recommendations to stakeholders, and suggests recommendations for future study.

Chapter 2: Review of the Literature

Introduction and Purpose

ADHD is a diagnostic category (APA, 2013), listing three broad characteristics: inattentive, hyperactive-impulsive, and combined. The three general characteristics manifest in the inability of students to pay attention to details and prioritize thoughts, to talk excessively while fidgeting and having difficulty staying in their assigned seating in school. In addition, the CDC (2022a, 2022b) asserted that ADHD can be a more inattentive manifestation, like difficulty completing tasks, organizing, focusing attention on details, or following directions. Also, it could be more hyperactive-impulsive behavior, with frequent movements and spontaneous verbalization, or a combination of the manifestation of both groups of symptoms (CDC, 2022a, 2022b). These conditions are shown in individuals' executive functions, particularly in short-term memory and cognitive training. ADHD students struggle with academic performance because of inattention and poor short-term memory (Retzler et al., 2019). This study sought to understand how UPSLs' experiences and views can help advance more robust theories and best practices in identifying and implementing interventions that support students diagnosed with ADHD.

Chapter 2 reviews educators' knowledge about symptoms and behavior relating to ADHD. Also, it investigates ADHD symptoms and the educator-student relationship. The third section discusses ADHD symptoms and behavioral intervention approaches. The fourth section reviews ADHD symptoms and the pharmacological intervention approach. Finally, Chapter 2

closes by discussing the implications of this current study, highlighting the gaps in the literature that this study sought to address.

Search Methods

The literature review was conducted over the 2021 to 2022 academic year through PubMed, PsychInfo, and ERIC databases on EBSCO, Google Scholar, ScienceDirect, ProQuest Education, SAGE Journal, and Taylor & Francis. The search results were limited to research-based, peer-reviewed, primary, and empirical studies in English published between 2014 and 2022. Also, meta-analysis studies and review articles were included in the introduction and excluded from the review table and body of the literature review. In addition, references to related reviews, papers, and dissertations were searched by hand.

Further citations on related articles were also searched. Search terms included a combination of the following keywords: *ADHD*, *attention-deficit/hyperactivity disorder*, *hyperkinetic*, *attitudes*, *stigma*, *perception*, *knowledge*, *teachers*, *head teacher*, *pupils*, *leaders*, *educators' administrators*, *school staff principal classroom*, *behavior*, *management*, *urban*, *district*, *adolescent*, *children*, *young*, *elementary*, *secondary*, *relationship*, *symptoms*, *characteristics*, *etiology medical*, *pharmacological*, *inclusion*, *primary*, and *education.* Also, several studies from the same primary research articles were categorized by study participants, research team method of analysis, and findings to avoid duplication of the reviewed articles. Finally, all articles were critically reviewed by title, abstract, and full-text downloads to determine inclusion for the review. Table 2.1 shows educators' knowledge of symptoms and behaviors relating to ADHD.

Table 2.1

Studies Examining Educators' Knowledge of Symptoms and Behaviors Relating to ADHD

Authors	Participants (*N/n*)	Method	Data Collection/ Instrument	Study Findings
Youssef et al. (2015)	Teachers (*N* = 271) Primary (*n* = 116) Secondary (*n* = 155)	Quantitative	Self-report questionnaire.	Teachers correctly responded by 45% regarding their understanding of ADHD symptoms.
Indri Hapsari et al. (2020)	Teachers (*N* = 38)	Qualitative	Semi-structured interview.	Most teachers lacked understanding of ADHD symptoms/behaviors.
Julvia Murtani et al. (2020)	Random community Sample (*N* = 384) Female (*n* = 227) Male (*n* = 157)	Quantitative	Study-derived measures (3-point scale)	Teachers (58.9%) indicated limited knowledge and understanding of ADHD.
Bardi et al. (2021)	Random probability sampling	Quantitative	Knowledge of attention deficit disorder scale self-report (3-point scale).	A score of an average of 48.2% responses was reported for the teachers' general knowledge of ADHD.
Greenway & Edwards (2020)	Teachers (*N* = 95) Males (*n* = 33) Females *(n* = 62)	Quantitative	ADHD-specific knowledge and ADHD-specific attitude scales	Teachers scored an average of 62% of questions correctly on knowledge of ADHD.
Dwarika & Braude (2020)	Purposive sample Teachers (*N* = 7)	Qualitative	Semi-structured interview.	Indicated teachers' understanding of ADHD was limited.
Mohr-Jensen et al. (2015)	Teachers (*N* = 528)	Quantitative	29-item questionnaire	Teachers scored high in the knowledge of ADHD symptoms: 79%–96% (teachers). 75%–98% identified effective classroom intervention strategies.
Russell et al. (2019)	Educators (*N* = 42)	Qualitative	Interviewed focus groups.	Indicated educators reported inconsistency, psychosocial adversity, and isolation at home for challenges encountered by students with ADHD.
Cueli et al. (2021)	Sample (*N* = 587) Students (*n* = 417) Teachers (*n* = 170	Quantitative	Evaluation of teachers' knowledge of ADHD. ADHD-specific knowledge and attitudes of teachers	Indicated teachers have more knowledge of ADHD treatment and symptoms than university students. The level of participants' knowledge predicted attitudes toward ADHD.

Four areas were identified. Where similar content appeared in two or more studies, they were considered significant and utilized for the final review: (a) educators' knowledge of symptoms and behaviors relating to ADHD, (b) ADHD symptoms and educator-student relationship, (c) ADHD symptoms and behavioral intervention approaches, and (d) ADHD symptoms and pharmacological intervention approaches.

Educators' Knowledge of Symptoms and Behaviors Relating to ADHD

The research literature has documented mixed findings on educators' knowledge regarding the characteristics, etiology, and management of ADHD worldwide (Greenway & Edwards, 2020). For example, in their assessment of teachers' awareness of and perspectives toward ADHD in Trinidad and Tobago, Youssef et al. (2015) conducted a cross-sectional descriptive survey. When asked questions about ADHD, teachers only answered correctly 45% of the time (Youssef et al., 2015). Also, the Murtani et al. (2020) study of community members (teachers, medical students, general practitioners, pediatricians, and psychologists) in Indonesia used questionnaires to evaluate community members' knowledge, perceptions, and attitudes toward individuals with ADHD. Again, the researchers found a score of 58.9% correct responses to teachers' understanding of ADHD.

Bardi et al. (2021), in a study in the United Arab Emirates, used the Knowledge of Attention Deficit Disorder Scale to assess teachers from 25 randomly selected primary schools' understanding of ADHD. The researchers reported that, on average, teachers indicated agreement with 50% of the survey items (48% correct responses for knowledge of ADHD), with the highest percentage score on the questionnaire relating to symptoms and diagnosis (65.7%). In similar findings, Dwarika and Braude (2020) conducted a study of teachers in South Africa to evaluate teachers' knowledge of and experiences teaching students with ADHD. Qualitative data from

seven Grades 1–7 teachers were collected through separate interviews. Results showed that knowledge of ADHD symptoms and behavior was limited, and the stigma created a negative attitude toward pharmacological intervention. In Indonesia, Indri Hapsari et al. (2020) conducted a case study using semi-structured interviews with 38 elementary school teachers to assess the challenges of supporting students with ADHD. They discovered that elementary school teachers had a limited understanding of ADHD, corroborating the previously reviewed studies (Bardi et al., 2021; Murtani et al., 2020; Youssef et al., 2015).

Russell et al. (2019) utilized sample interviews and focused groups to assess educators' experiences supporting ADHD students. Forty-two educators from elementary, high school and students' home schools engaged in focus groups and interviews. Results showed that educators associated these problems (inconsistency, psychosocial adversity, and isolation) at home with challenges encountered by students with ADHD in school.

In contrast, a few reviewed research studies indicated a promising moderate to higher teacher knowledge of ADHD. For example, Greenway and Edwards (2020) used the Mulholland (2016) ADHD-specific knowledge and attitude of teachers (ASKAT), consisting of the scale for ADHD-specific knowledge (SASK) and ADHD-specific attitude (SASA) scales to compare ADHD training and perceived support for public school teachers and teaching assistants (TAs) in the United Kingdom. Findings indicated teachers scored 62% correct responses and the TAs scored 69% correct responses. The researchers asserted that the training improved the understanding of ADHD symptoms and behaviors for the teaching assistants more than for the teachers in improving attitudes toward students with ADHD.

Cueli et al. (2021) analyzed the understanding and attitude toward ADHD symptoms in higher education students (infant, primary education, teaching, and psychology students) and

teachers (primary, high school, and university teachers). Four hundred seventeen (417) university students and 170 teachers completed the Evaluation Questionnaire for Teachers' Knowledge of ADHD and specific attitudes toward ADHD. The researchers found that teachers had more knowledge about ADHD than university students and that the level of expertise predicted better attitudes toward ADHD students. Finally, Mohr-Jensen et al. (2015), in exploring what elementary and high school Danish educators knew about ADHD, utilized a study-derived 29-item questionnaire about ADHD to a random sample of 528 Danish elementary and high school teachers nationwide. Mohr-Jenson et al. (2015) also reported a high score of 79%–96% for teachers correctly identifying the characteristics of ADHD and 75%–98% of teachers responding to understanding classroom intervention strategies. However, Youssef et al. (2015) reported that educators who had previous training or supported students with ADHD had a more robust knowledge than teachers without training or experience with students diagnosed with ADHD in Trinidad and Tobago.

Despite the findings from previous studies that training improves teachers' knowledge and attitudes toward providing support for students diagnosed with ADHD, the research indicates that the existing traditional training methods are effective in the short term. Still, the effectiveness declines over time, necessitating a new approach that would provide long-term solutions (Ward et al., 2021).

ADHD Symptoms and Educator-Student Relationship

Ruston et al. (2020) reported that the adverse impact of ADHD symptoms on students' ability emotionally to engage in school is partially related to student-teacher conflict. Ruston et al. (2020) in a study in Australia, assessed the connection between ADHD characteristics at age 7 and student-teacher emotional relationships and conflicts at age 10. Ruston et al. (2020) discovered that students with higher ADHD symptoms typically struggled with an emotional connection with their teachers in the learning environment, which was further heightened by increased student-teacher friction (Ruston et al., 2020). Zendarski et al. (2020) also agreed with Ruston et al. (2020), claiming that children with ADHD experience less student-teacher relationship quality than non-ADHD students. Zendarski et al. (2020), in examining student-teacher connection quality in individuals with ADHD and without ADHD, also reported that boys with challenging behavior problems had lower teacher relationship quality than girls. The students who had better relationships with their teachers were wealthier than students who were disadvantaged financially. These findings align with those from Rogers et al. (2015), indicating poorer teacher-student relationships and more conflict with students with ADHD than students without ADHD—regardless of gender. The researchers documented the challenges in bonding and collaboration between ADHD students and their teachers. Teachers' responses in the study by Rogers et al. (2015) confirmed poor cooperation with students with ADHD. Table 2.2 summarizes the studies examining ADHD symptoms and educator-student relationships.

Table 2.2

Studies Examining ADHD Symptoms and Educator-Student Relationship

Authors	Participants (*N*)	Method	Data Collection Instruments	Findings
Rushton et al. (2019)	Student (*N* = 498)	Quantitative	Longitudinal study via direct/teacher surveys	Indicated a negative relationship between ADHD symptoms and emotional engagement with school due to student-teacher conflict.
Zendarski et al. (2020)	Children (*N* = 391) ADHD (*n* =179) Non-ADHD (*n* = 212)	Quantitative	Student-Teacher Relationship Scale	Indicated children with ADHD experienced low student-teacher relationship quality.
Wiener & Daniels (2016)	Adolescents (*N* = 12)	Mixed	Semi-structured interviews	Students with ADHD relate with teachers who understand their disabilities and needs.
Granot (2016)	Students (*N* = 65)	Quantitative	Children's Appraisal of Teacher as a Secure Base Scale Student-Teacher Relationship Scale	Secure teacher-student relationships reduced students' problem behavior and improved student learning outcomes.
Prino et al. (2016)	Children with typical development (*n* = 254) ADHD (*n* = 56)	Quantitative	Student-Teacher Relationship Scale	Teachers perceived their relationships with students diagnosed with ADHD as negative, with constant disagreements.
Al-Yagon (2016)	Adolescents (*N* = 280) LD (*n* = 90, ADHD (*n* = 91) TD (*n* = 98)	Quantitative	Children's Appraisal of Teacher as a Secure Base Scale Student-Teacher Relationship Scale	Students with ADHD externalize behavior because of perceived teachers' rejection compared to non-ADHD students.
Santos et al. (2016)	ADHD (*n* = 16) Classmates (*N* = 244) Teachers (*N* = 14) Special teachers (*n* = 8)	Quantitative	Student-Teacher Relationship Scale	The findings showed significantly higher levels of teachers' perceived conflict with students with ADHD than non-ADHD students.
Rogers et al. (2015)	Students with ADHD (*n* = 35) Students with non-ADHD symptoms (*n* = 36)	Quantitative	Classroom Working Alliance Inventory 5-point scale	Indicated teachers experience less collaboration, less emotional closeness, and more conflicts with students with ADHD.

Santos et al. (2016) conducted a study to identify and assess the connection between educators and ADHD students. Results indicated significantly higher teachers' perceived conflict

with ADHD students than students without ADHD. These findings also collaborated with previous studies (Al-Yagon, 2016; Bardi et al., 2022a; Murtani et al., 2020; Youssef et al., 2015).

Prino et al. (2016) conducted a study to evaluate teachers' perceptions of their relationships with students with special needs in a school setting. The researchers noted that high-quality student-teacher relationships were a protective factor for students with challenging behavior problems. For example, the researchers indicated that children with hyperactivity and attention deficit disorder displayed higher levels of conflict and dependency.

Granot (2016) examined how parental closeness and teacher-student relationships explained the socioemotional adaptation of students with special needs. The researcher indicated that students viewed their teachers as safe and trustworthy individuals, with teachers' reports of safe student-teacher relationships aligning positively with students' socioemotional learning strengths. This result corroborate with Rogers et al. (2015) and Prino et al. (2016).

Finally, Wiener and Daniels (2015) used a mixed-methods study to explore adolescents with ADHD school experiences on educator attitude and actions, student self-appraisals, and social and family connections. Wiener and Daniels's (2015) findings indicated that students with ADHD work well with teachers who understand the characteristics of their disabilities and needs. Students expressed the significance of teachers knowing that students with ADHD do not intentionally disrupt the learning environment but struggle with paying attention, being focused, completing tasks, and staying organized. The researchers also reported that students emphasized the importance of teachers being open-minded, helpful, approachable, controlling, and firm when necessary (Wiener & Daniels, 2015). These findings align with the Gwernan-Jones et al. (2016) study position that students' voices need to be heard regarding issues affecting them without anyone interpreting their perceptions.

ADHD Symptoms and the Behavioral Intervention Approach

For ADHD-diagnosed students, academic achievement is significantly impaired compared to students with non-ADHD symptoms. Research studies have reported some promising signs of improvement in behavioral change therapy for students with ADHD. For example, Sibley et al. (2020) used a mixed-methods study to examine peer-delivered interventions for high school students with challenging ADHD symptoms, focusing on organizing, managing time, planning, and motivation. Results indicated significant improvement in general school engagement for ninth-grade students, especially in attendance, organizing skills, and academic interest. These findings agreed with the Corkum et al. (2019) study that evaluated a web-based intervention's acceptability, satisfaction, and effectiveness for educators of primary school students with ADHD. The researchers stated that behavior change occurred through web-based treatment in children with ADHD. Corkum et al. (2019) also indicated significant satisfaction and acceptance of providing online treatment and teacher coaching support. The Corkum et al. (2019) study aligns with the previous studies of DuPaul et al. (2011, 2012) and Ritterband and Tate (2009). However, the sample size for Corkum et al. (2019) study consisted of male students and female teachers. The educators' and parental reports of students' actions were not masked, which could have created a bias about the rating process. Despite these limitations, two other studies corroborated the effectiveness of the behavior-management approach in improving ADHD students' school performance outcomes (Karhu et al., 2017; Staff et al., 2022).

Antecedent- and consequent-based techniques effectively enhanced the learning environment for ADHD students' and their symptoms when challenged in a study conducted in the Netherlands by Staff et al. (2022). In Finland, Karhu et al. (2017) used an experimental,

multiple-baseline, single-case design to assess the effects of check-in check-out (CICO) behavior change to assist two students with ADHD impairment. Results showed slight to modest improvement in behavior with the CICO support. These findings also support the previous studies of DuPaul et al. (2011, 2012) and Ritterband and Tate (2009).

Finally, two studies by Mohammed (2018) and Veenman et al. (2019) indicated significant improvement with behavioral therapy. Veenman et al. (2019) used a randomized control trial design to explore the Positivity and Rules program (P.R. program). This behavioral teacher program targeted ADHD symptoms in classrooms through a manual that did not require special teacher training (Durlak & Dupre, 2008). Results showed a positive effect on ADHD symptoms and social skills ($.01 < f2 < .36$). However, the study indicated that the positive effect was not observable in the home setting. Mohammed (2018) used a tailored Incredible Years Teacher Classroom Management (IYTCM) program, a comprehensive videotape, and a group discussion training program (Webster-Stratton, 2000) to increase students with ADHD on-task behavior in Addis Ababa.

In the Mohammad (2018) study, nine children who were identified with ADHD symptoms and nine normative-comparison students were selected from the same classroom, with ten teachers with 36 hours of IYTCM-ADHD training participating. A single-subject design was implemented to record behavior change. Findings showed an improved completion of tasks on hand of children with ADHD from 46% to 100%. The researcher stated that pre- and post-intervention analyses of the children showed a significant positive impact of the intervention on each student. Table 2.3 shows the studies on ADHD symptoms and the behavioral intervention approach.

Table 2.3

Studies Examining ADHD Symptoms and Behavioral Intervention Approach

Author	Participants (*N*)	Method	Data Collection, Instruments	Study Findings
Sibley et al. (2020)	Population Study 1 (*N* = 18 Study 2 (*N* = 72	Mixed methods	Students taking responsibility and initiative through peer-enhanced support (STRIPES) Basic fidelity checklist Client credibility Questionnaire (3-point scale)	Indicated ninth-grade students significantly improved general school engagement, especially in organization skills, academic motivation, and attendance.
Corkum et al. (2019)	Teachers (*N* = 28) ADHD student's Waitlisted control teacher/student (*N* = 30)	Quantitative	Conners 3 T teachers (3-point scale) via online and telephone calls	Indicated behavior change occurred through web-based treatment in children with ADHD.
Staff et al. (2022)	Primary school children and their teachers (*N* = 90)	Quantitative	Teachers rating scale (7-point scale)	Indicated antecedent- and consequent-based techniques effectively improved classroom ADHD symptoms and impairment.
Karhu et al. (2018)	Primary school-aged boys (*N* = 2)	Quantitative	Check-in, check-out (CICO) support Daily report card (DRC)	They reported minor to moderate positive behavioral changes when receiving CICO support.
Mohammed (2018)	ADHD children (*N* = 9) Teachers (*N* = 11)	Quantitative	Behavioral observation of students in school (BOSS)	The report indicated that the on-task behavior of participating children with ADHD increased from 46% to 100%.
Veenman et al. (2019)	ADHD children (*n* = 58) typical children (*n* = 56)	Quantitative	Classroom observation code (COC)	Teachers reported a beneficial effect on ADHD symptoms and social skills (.01 < f2 < .36). These findings did not generalize to the home setting.

ADHD Symptoms and Pharmacological Intervention Approach

Recent research has indicated that students diagnosed with ADHD have a significant chance of limited school engagement and performance (Ruston et al., 2020). However, some studies have indicated improved performance by students with ADHD due to pharmacological

treatment. For example, in a study in Sweden, Jangmo et al. (2019), with 657,720 students from the Swedish national register graduating from 9-year compulsory schooling, examined school achievement in students with ADHD and those without ADHD. Findings indicated that medication treatment significantly increased students' GPAs and primary school graduation. This result also collaborates with two other studies, Keilow et al. (2018) and Lu et al. (2017), who found that ADHD medication treatments significantly increased GPA and daily school attendance. Keilow et al. (2018) used the Danish administrative register data to assess the effect of medical intervention on children with ADHD instructional performance on GPA. The researchers indicated a significant impact of treatment on exams and teachers' assessed GPAs. Keilow et al. (2018) noted that medical intervention might reduce the negative social stigma of ADHD.

Lu et al. (2017) stated that adherence to medication by individuals significantly increased scores on education entrance tests in evaluating the connection between ADHD medication treatment and students with ADHD on higher education entry examinations. These results align with previous observational studies (Marcus et al., 2011; Powers et al., 2008). Finally, Evans et al. (2016) examined a school-based intervention program for an adolescent with ADHD. They compared two randomized groups in school-based training interventions: The Challenging Horizons Program – After School Version (CHP-AS) and the Challenging Horizon Program – Mentoring Version (CHP-M) and a community care condition. Results showed that medication treatment benefited students with ADHD in organizing, managing time, homework challenges, academic performance, and focusing on tasks (Evans et al., 2016).

However, contrary to Evans et al. (2016) findings, van der Schans et al. (2017) conducted a descriptive study evaluating methylphenidate treatment and school achievement among

students with ADHD. The researchers associated children from a pharmacy database with standardized achievement test results at the end of primary school. They then examined the difference in test scores between users of methylphenidate and non-users and those who stopped taking methylphenidate 6 months before the test to show early intervention versus children who started late, the different dosages of methylphenidate, and concurrent antipsychotic or asthma treatment. Findings indicated that methylphenidate users performed significantly lower on the test than non-methylphenidate users. The researchers found substantially lower test scores for early starters of methylphenidate treatment than late starters. They found that children with ADHD using methylphenidate still perform less well at school than their peers. However, without a baseline of the severity of ADHD symptoms and controls, it is impossible to know the probable outcome for students without medication use. At the same time, Currie et al. (2014) used longitudinal data from the National Longitudinal Survey of Canadian Youth (NLSCY) to assess the medium- and long-run medication treatment benefits for ADHD. Findings indicated that stimulant medication treatment did not show an increase or decrease in the academic outcome of students with ADHD. The researchers asserted that the study did not consider if optimal medication use could be beneficial since this was an ecological study.

Prior research by Pelham et al. (2014) explored the efficacy of different doses of behavioral and pharmacological treatments for ADHD in a summer treatment program. Forty-eight (48) students, ages 5–12, were evaluated in various social settings (sports activities, art class, and lunch) typical of elementary, after-school, and neighborhood environments. Findings indicated a highly significant and positive impact of behavioral and medication treatments in children with ADHD. Pelham et al. emphasized the significance of considering dosage and intensity when assessing combined treatment. These results, the researchers asserted, collaborate

and extend to social and recreational environments previously indicated in an environmental study sample by Fabiano et al. (2007).

Sprich et al. (2016) assessed the efficacy of cognitive behavioral therapy (CBT) for children who continue to experience ADHD symptoms after medication intervention. The researchers randomly recruited 46 adolescents and assigned them to receive CBT (n = 24) and to waitlist (n = 22) the remainder. Fifteen of the adolescents crossed over from the waitlist to the CBT group. A blind independent evaluator (IE) rated symptom severity on ADHD's current symptom scale. The findings indicated that the CBT sample received a mean score of 10.93 lower on parent evaluation of symptom severity (95% CI: –12.93, –8.93; $p < .0001$), a 5.24 reduction on the IE-rated adolescent assessment of symptom severity (95% CI: –7.21, -3.28; $p < .0001$), and 1.17 lower IE rating current ADHD symptom scale (95% CI: –1.39, –.94; $p < .0001$)

The researchers reported an increased response rate after CBT was offered to adolescents (58% vs. 18%, $p = .02$). These findings indicated that adding CBT to medication intervention in adolescents with ADHD is more effective than only medication in the waitlist participant design. These findings corroborate previous studies by Pelham et al.(2014, 2022) and Safren et al. (2010). Table 2.4 summarizes the studies on ADHD and the pharmacological intervention approach.

Table 2.4

Studies Examining ADHD Symptom and Pharmacological Intervention Approach

Authors	Participant (Total *N*)	Method	Data Collection Instruments	Findings
Jangmo et al. (2019)	Students *N* = 657,720 students 29,128 ADHD students	Quantitative	Final grade (FG) Teacher assessment eligibility for upper secondary school.	Medication treatment significantly increased students' grade point average (GPA) and primary school graduation.
Keilow et al. (2018)	Students *N* = 577,551 ADHD students 6,444	Quantitative	Student's GPA.	Indicated that medication treatment significantly increased the GPA scores of those taking medications compared to those not.
Lu et al. (2017)	*N* = 61,640 ADHD – 3,718	Quantitative	Swedish Scholastic Aptitude Test (SweSAT).	Showed students with ADHD had higher scores on education entrance tests during periods of medication.
Van der Schans et al. (2017)	*N* = 600,000 ADHD – 7736	Quantitative	Central Institute for Test Development (Cito-test)	Indicated students using methylphenidate had a negative school performance outcome in medication treatment compared with those not on medication.
Sprich et al. (2016)	*N* = 46 adolescences	Quantitative	Direct observation – Independent Evaluator Current ADHD Symptom Scale (CGI)	Indicated initial efficacy of cognitive behavioral therapy for adolescents with ADHD who continued to exhibit persistent symptoms despite medications.
Currie et al., 2014	Not specified	Quantitative	NLSCY (National longitudinal data set)	Indicated stimulant medication treatment did not increase or decrease academic outcomes.
Pelham et al. (2014)	48 children with ADHD	Quantitative	Direct observation IOWA Conners Rating Scale	Indicated that behavioral and medication treatments produced highly significant and positive effects on children's behavior.
Evans et al. (2016)	*N* =326	Quantitative	Children's Organizational Skills Scale (COSS). Classroom Performance Survey (CPS.)	Indicated medication treatment significantly benefits ADHD adolescents with organizing, managing time, challenging homework, academics, and focusing on tasks.

Chapter Summary

The review of the literature answered the four subject-area objectives. First, it confirmed the mixed findings, worldwide, of (a) educators' knowledge of the symptoms and behaviors of ADHD, (b) ADHD symptoms and teacher-student relationships, and (c) behavioral and pharmacological intervention approaches for students with ADHD symptoms. For example, out of a total of nine articles (Bardi et al., 2021; Cueli et al., 2021; Dwarika & Braude's 2020;

Greenway & Edwards, 2020; Indri Hapsari et al., 2020; Mohr-Jensen et al., 2015; Murtani et al., 2020; Russell et al., 2019; Youssef et al., 2015) reviewed on educators' knowledge of the symptoms and behaviors of ADHD, six studies (Bardi et al., 2021; Dwarika & Braude's 2020; Indri Hapsari et al., 2020; Jensen et al., 2015; Mohr-Russell et al., 2019; Youssef et al., 2015) indicated low scores and limited understanding of ADHD symptoms and behaviors (45.0%, 48.2%, 58.8%).

In contrast to these findings, Greenway and Edwards (2020) indicated an average of 62% knowledge of ADHD symptoms and behavior by educators. Mohr-Jensen et al. (2015) reported a high 79%–96% score for educators' learning. Also, Cueli et al. (2021) found that university teaching assistants had more knowledge of ADHD symptoms than the university instructors, and their understanding (or lack thereof) predicted their attitudes toward individuals with ADHD.

Eight studies (Al-Yagon, 2016; Granot, 2016; Prino et al., 2016; Rogers et al., 2015; Rushton et al., 2019; Santos et al., 2016; Wiener & Daniels, 2015; Zendarski et al., 2020) were also examined to assess ADHD symptoms and the educator-student relationships. Rushton et al. (2020) reported a robust, negative connection between ADHD symptoms and emotional closeness with the learning environment caused by student-teacher conflict. These findings were supported by five researchers' findings (Al-Yagon, 2016; Santos et al., 2016; Prino et al., 2016; Rogers et al., 2015; Zendarski et al., 2020). However, in their studies, Granot (2016) and Wiener and Daniels (2015) found that a secure teacher-student relationship improved student learning outcomes and educators' knowledge of students' disabilities and needs created a positive connection and engagement.

Fourteen studies on ADHD symptoms and behavioral and pharmacological intervention approaches were reviewed for this subject area (Corkum et al., 2015; Currie et al., 2014; Evans et

al., 2016; Jangmo et al., 2019; Karhu et al., 2017; Keilow et al., 2018; Lu et al., 2017; Mohammed, 2018; Pelham et al., 2014; Schans et al., 2017; Sibley et al., 2020; Staff et al., 2022; van der Sprich et al., 2016; Veenman et al., 2019). Six of these studies explored the behavioral intervention approach to supporting students with ADHD (Corkum et al., 2015; Karhu et al., 2017; Mohammed, 2018; Sibley et al., 2020; Staff et al., 2022; Veenman et al., 2019). They all reported moderate to significant improvement in general school engagement, especially in organization skills, academic motivation, and attendance via in-person, web-based, antecedent, and consequent-based techniques and CICO support systems.

Eight articles were reviewed for pharmacological treatment methods for children with ADHD (Currie et al., 2014; Evans et al., 2016; Jangmo et al., 2019; Keilow et al., 2018; Lu et al., 2017; Pelham et al., 2014; van der Schans et al., 2017). Currie et al. (2014) indicated that stimulant medication treatment, based on their method, showed little evidence of an increase or a decrease in academic outcomes. Contrary to the Currie et al. (2014) findings, four studies (Evans et al., 2016; Jangmo et al., 2019; Keilow et al., 2018; Lu et al., 2017) reported that medication use significantly increased students' GPA and primary school graduation, and adherence to medication by individuals showed a higher score on the education entrance tests. In their study, Pelham et al. (2014) found that behavioral and pharmaceutical interventions remarkably impacted children's behavior.

It can be concluded from the reviewed articles that most educators experienced less connection with their students and more conflict with students with ADHD symptoms compared to non-ADHD children (Rogers et al., 2015; Ruston et al., 2019; Zendarski et al., 2020). Wiener and Daniels (2015) examined the learning environment and discovered that adolescents with ADHD did not have good organization skills. So, rather than act proactively toward academic

performance, they were reactive to attending activities in their school settings. The researchers posited that using research-supported interventions to assist children with ADHD, constantly assessing and gradually fading assistance as the students' knowledge improves, aligns with Youssef et al. (2015) that training on understanding the symptoms and behaviors might reduce student-teacher friction and promote socioemotional engagement for students with ADHD.

This literature review revealed the gap in school educators' perspectives on students diagnosed with ADHD—mainly UPSLs. It highlighted the limited number of qualitative method studies in the large body of literature. Only three of the 12 articles that met the criteria for inclusion used a qualitative method for their research (Dwarika & Braude, 2020; Indri Hapsari et al., 2020; Russell et al., 2019), and two mixed-methods studies met the criteria for inclusion (Wiener & Daniels, 2016; Sibley et al., 2020). The remaining 26 articles utilized quantitative methods for their studies, which was noticed during searching and identifying themes for this review. Nevertheless, the study results are significant for developing a deeper understanding of educators' knowledge of the symptoms and behavior of students with ADHD, with most articles indicating limited knowledge. Also, poor student-teacher relationships resulted from a lack of understanding of features and behaviors related to ADHD. However, the reviewed studies on behavioral and pharmacological interventions indicated promising outcomes for students with ADHD in the school setting domain. Chapter 3 discusses the research design and methodology for this study.

Chapter 3: Research Design Methodology

Introduction

Chapter 3 describes the background and purpose of this study, the research design, the researcher's positionality, the research context, the research participant population, and confidentiality. Also, a detailed presentation of the instruments and procedures used for data collection and analysis is presented.

While many areas of ADHD have been studied, very few studies have addressed UPSLs and teachers' perspectives on the challenges encountered and the strategies utilized to support students with ADHD. The bulk of the research has focused on teacher knowledge and perceptions (Bardi et al., 2021; Dwarika & Braude, 2020; Greenway & Edwards, 2020; Mohr-Jensen et al., 2015; Wiener & Daniels, 2016; Youssef et al., 2015). However, UPSLs are mandated by law to ensure students with ADHD are provided a FAPE, equal access, and appropriate accommodations in the LRE (ADA, 1990; IDEA, 1990; Section 504 of the Rehabilitation Act of 1973). Despite these mandates and the prevalence of ADHD, which impacts 10% of students in any classroom (Bunford et al., 2015), there is a disparity in the UPSLs' perspectives, indicating a strong need to include the UPSLs' view in ADHD research (Esposito et al., 2019). This gap is widespread in qualitative studies on UPSLs' perspectives on ADHD (Ewe, 2019). Thus, there is a definite need for a broader purview of research subjects, especially leadership views on ADHD (Barkley, 2006).

Research Design

A transcendental phenomenological design was chosen for this study to capture the lived experiences of retired UPSLs concerning the studied phenomenon. The perspective of the UPSLs, who better understand the phenomenon, was useful for the data collection on this population. In the first decade of the 20th century, Husserl and Boyce (1931) refined and modified a method called transcendental phenomenology. This research method has a solid philosophical root providing a strong foundation for the associated social science methodology that would develop from his work (Moustakas, 1994). Open-ended, semi-structured interviews via Zoom were used to obtain descriptions of the experiences of the UPSLs to learn the meaning of the problem from the participants.

> Indeed, phenomenology seeks meanings and appearances and arrives at the essences through intuition and reflection on conscious acts of experience, leading to concepts, judgments, and understandings. . . . Phenomenology depicts the shared experience of those being studied and creates a composite description representing all individuals. (Moustakas, 1994, p. 58)

Data analysis was performed using Van Kaam methods modified by Moustakas (1994).

Researcher Positionality

The researcher in this study was the primary instrument used to collect and analyze the data (Creswell & Poth, 2018b). Therefore, the researcher's experience and place within the research environment were noteworthy for bracketing the initial phase of phenomenological research (Hycner, 1985). At the time of this study, the researcher was a behavior analyst in a New York State urban public school district. The researcher's work with students diagnosed with ADHD was relevant to this study and beneficial for access and acceptance with the research

participants. As a behavior analyst, the researcher collaborated with district and building leaders, teachers, parents, and other specialized staff to provide student behavioral support and training.

The researcher's experience and continuous interactions with teachers, parents, district, and building leaders led the candidate to explore a potential research study on middle and high school students diagnosed with ADHD in an urban New York State public school. According to Creswell (2014), researchers must clarify their biases. Therefore, to minimize bias based on the researcher's interactions with building and district leaders within New York State, the researcher excluded practicing UPSLs in this study. Also, the researcher worked with doctoral candidate peer colleagues to develop themes to ensure no biases were reflected in the research and to show interrater reliability.

Research Context

The settings for this study were 7 urban public schools referred to as the Conference of the Big 5 School Districts ([Big 5], 2022), in New York State (Albany, Buffalo, Mount Vernon, New York City, Rochester, Syracuse, and Utica). Urban public school districts in New York State, at the time of this study, enrolled 46% of public school students (Big 5, 2022). These high-need urban school districts served a diverse population of students, with 51% of the state's special education students (ages 5–21) receiving their education in urban school districts (Big 5, 2022). The Buffalo school district had 8,465 students classified as students with disabilities, excluding preschool students (New York State Education Department [NYSED], n.d.). The Buffalo school district enrolled approximately 44,962 students in 2020–2021 (NYSED, n.d.). The Big 5 school districts were also accountable for many students living in poverty and emergency shelters (Big 5, 2022). For example, the Syracuse school district had 2,464 students identified as homeless—the highest number outside New York City (Eisenstadt, 2017).

The research was conducted in this setting because it provided access to the study participants who worked and resided in or near urban districts in New York State. The location of the participants in a single site was essential for the "researcher to find shared experiences, themes, and the overall essence of the experience for all participants" (Creswell & Poth, 2018b, p. 153). The participants for this study had shared experiences based on their roles and responsibilities in an urban district in New York State. In addition, the participants were easily reached through emails and by telephone, and the virtual calls could be used for conducting the interviews.

Research Participants

Demographic questionnaire (Appendix A) was used to collect information in Qualtrics, at the time of consent, to show eligibility for the study criteria before the formal invitation. Each participant was assigned a pseudonym for this study to keep their information anonymous. Many of the participants in this study were referred by colleagues and through the snowball process, with participants referring colleagues, who met the eligibility criteria, to the researcher.

Eight public school leaders from the Big 5 conference district in New York State participated in this research study. Pseudonyms were assigned to each participant and their district to ensure confidentiality. The total sample size was eight participants, which included five females and three males. Four participants identified as Black or African American, and four identified as White or Caucasian. Four participants served as school-based principals and four served as central office leaders, chief of schools, an executive director, a director of special education, and an associate director. All participants had over 2 years of experience serving in their positions before retirement. Their reporting structure was described as being responsible to a leader above their positions. Dr. Avis reported to a deputy superintendent; the four principals,

Dr. Tom, Mr. Johnson, Mr. David, and Ms. Charles, reported to a chief of schools; the executive director, Ms. King, reported to a chief of schools; the director of special education, Ms. Peter, reported to an executive director; and the associate director, Ms. Bush, reported to a director.

All central office leaders, chief of schools, executive director, director of special education, associate director, and one school-based leader indicated they had ADHD-specific training. At the same time, three school-based leaders stated that they had no training in ADHD strategies during their tenure as leaders. Table 3.1 shows the demographic information obtained from the participants' answers to the Qualtrics questionnaire.

Table 3.1

Demographics of Participants at the Time of Interview

Pseudonym	Gender	Race	Position at Retirement	Years in Position	Reported to Whom	ADHD Training
Ms. Bush	F	W	Associate Director	2	Director	Yes
Dr. Avis	F	B	Chief of Schools	4	Deputy Superintendent	Yes
Ms. Peter	F	W	Director of Special Education	5	Executive Director	Yes
Ms. King	F	B	Executive Director	15	Chief of Schools	Yes
Dr. Tom	M	B	Principal	25	Chief of Schools	No
Mr. Johnson	M	B	Principal	17	Chief of Schools	Yes
Mr. David	M	W	Principal	15	Chief of Schools	No
Ms. Charles	F	W	Principal	10	Chief of Schools	No

Note. B = Black, W = White, F = Female, M = Male

Instruments Used in Data Collection

Following Moustakas's (1994) methods and procedures for conducting phenomenological research, questions were developed to guide the interview process to reveal more fully the essence and meanings of participants' experiences. The researcher created the

interview questions (Appendix B) based on the literature review and the identified gaps. Interview Questions 1, 2, and 3 were used to ascertain information regarding the UPSLs' knowledge and the systems they used to support middle and high school students diagnosed with ADHD. Interview Question 4 was asked to discover the dominant Bolman and Deal (2021) construct used to help students with ADHD. Interview Question 5 sought to uncover the challenges encountered in urban districts while supporting students diagnosed with ADHD. Interview Question 6 was asked to solicit suggestions regarding education or training for the new generation of professionals who would be supporting middle and high school students diagnosed with ADHD.

The interview protocol for this study consisted of scripted interview questions that engaged the retired school leaders in a discussion linked to the study's research questions. Semi-structured interviews allowed for a deeper understanding of the phenomenon that the retired UPSLs experienced during their tenure and the strategies they utilized to support middle and high school students diagnosed with ADHD. The interview protocols were pilot tested with three colleagues, who were current UPSLs in schools not participating in this study, to test for clarity and revise the interview questions.

Interview Process

The participants responded by email to the researcher's invitation to an interview. A 60-minute interview was scheduled with each participant, and semi-structured interviews were conducted via Zoom. Seven predetermined and probing questions guided the semi-structured interviews. The researcher asked all of the questions, they were responded to by the participants, and the researcher recorded them. Each interview lasted 35–60 minutes and yielded an average of 13–20 transcribed pages.

Procedures for Data Collection

After securing St. John Fisher University Institutional Review Board (IRB) approval, the researcher sent an invitation email (Appendix C) to interested potential participants, who were asked to forward the attached invitation flyer (Appendix D) to other potential participants. In this study, the interested potential participants are known retired UPSLs who had expressed interest in participation as they had discovered the topic and trajectory of my dissertation study and were likely to meet the eligibility requirements. All potential participants who received the flyer indicated their interest by contacting the researcher via the information in the flyer. The researcher then formally invited the interested participants via email (Appendix E). The email reiterated the eligibility conditions and provided a link to the electronic informed consent form in Qualtrics. The participants who expressed interest in participating in this study were contacted only twice using the initial email. If there was no response to the initial email after 1 month, a reminder email was sent.

Before the interviews, the researcher practiced the epoché process (bracketing away preconceptions) to avoid prejudice and preconceived notion from obscuring the information obtained in the discussions and to prepare for relationship building (Moustakas, 1994). One-on-one meetings conducted through the Zoom conference platform were scheduled for each study participant. Probing questions were used if the participants' stories did not lead to a rich qualitative narrative or lacked adequate meaning and complexity after using the initial questions (Moustakas, 1994). Data were collected using Moustakas's (1994) phenomenological model to arrive at "the essence of the experience" (p. 49). The interview questions were used with the understanding by the participants that the questions might be varied or altered and that their

answers might not be used when the researcher shared the whole story of the participants' experiences (Moustakas, 1994).

Confidentiality

For this study, all confidentiality guidelines of the St. John Fisher University IRB were followed. All necessary measures to protect the participants' confidentiality were explained to all study participants during the consent process before the interviews. All audio recordings of the discussions were kept confidential by using pseudonyms as identifiers during the interview recordings. All transcriptions and notes from the interviews are stored in a password-protected computer in a locked office. The audio recordings and all interview notes will be shredded 3 years after the publication of this work. To ensure confidentiality and participant protection for this research study, the researcher submitted documentation to the IRB at St. John Fisher University for approval, ensuring that this study protected all participants.

Procedures for Data Analysis

A professional transcriptionist service was used to transcribe the audio-recorded interviews. The data were organized and analyzed using Van Kaam's (1959) methods and procedures of phenomenological analysis modified by Moustakas (1994). These steps included: (a) listing and preliminary grouping (horizontalization) by verifying each statement's equal value and establishing meaning (b) reduction and elimination to determine inclusion of the necessary experiences essential for interpretation or possible categorization. (at that time, repetitive and vague expressions were eliminated); (c) clustered invariant related units of the experiences were given thematic labels; (d) classification of constant components were identified by reviewing the themes against the participants' transcripts; (e) individual textural (with verbatim examples) and structural descriptions were constructed; (f) each participant's combined textural descriptions of

their experiences were developed by integrating each personal textural report; and (g) Bolman and Deal's (2021) four frames were used as a lens through which to sort the initial themes, categories, and relationships.

Procedures

This research study used the following procedures:

1. Obtained approval from the IRB at St. John Fisher University.
2. Emails were sent to known retired colleagues (Appendix C) with the flyer (Appendix D) and information on the purpose of this study and how to participate. The recipients were asked to distribute the flyer to potential participants they believed might be eligible and interested in participating.
3. Step 2 was repeated for any potential participant identified through snowball sampling.
4. A formal invitation email (Appendix E) was sent with a Qualtrics link to the informed consent form.
5. Upon consent, Qualtrics opened the demographic form (Appendix A). The participants completed their contact information on the form to set up interviews.
6. The researcher contacted the participants via email or telephone to schedule convenient interviews.
7. The researcher conducted a bracketing process (epoché).
8. The researcher conducted semi-structured interviews using the video conferencing tool, Zoom, and gave each participant a $25 Wegmans gift card for their time.
9. The interview recordings were transcribed with a professional software – Rev.com.

10. Member checking was used to review early coding notes and clarify questions with the participants, as needed.
11. Open coding was done with the Van Kaam (1959) process as modified by Moustakas (1994):
    - list and create preliminary groupings (horizontalize data);
    - reduce and eliminate;
    - cluster and thematize units;
    - identify invariant constituents and themes by constructing individual textural descriptions;
    - construct individual structural narratives;
    - composite textural descriptions were developed by integrating personal textural reports;
    - sort initial themes, categories, and relationships through Bolman and Deal's frame theory.
12. Portions of the transcript with no identifier were shared with a fellow researcher to also code and intercoder reliability was calculated in the initial coding of Step 11.
13. Themes from the coding cycles were developed.
14. Completed data analysis.

Summary

Chapter 3 described the transcendental phenomenological study methods utilized to understand retired UPSLs' perceptions and practices in supporting middle and high school students diagnosed with ADHD. This study examined the lived experiences of eight UPSLs who had retired within the past 5 years of this study (2017–2022). Chapter 3 outlined the study

participants and the basis for a phenomenological study. It also included the research questions, the researcher's positionality, the instruments used in data collection, and the data collection and analysis procedures.

Chapter 4: Results

Introduction

This research aimed to gain information on leadership perceptions and practices supporting middle and high school students diagnosed with ADHD in urban schools. A transcendental phenomenological design was selected to understand the lived experience of retired urban district leaders from the Big 5 conference district in New York State. Data were analyzed using the van Kaam (1959) method modified by Moustakas (1994). Information on perspectives and practices was explored through open-ended, semi-structured interviews and discussions with the study participants through Zoom, which provided detailed textural descriptions (verbatim answers) as well as the structural essence of the experience.

Chapter 4 is structured around the three research questions and presents the textural and structural themes and the composite descriptions of the participants' experiences.

Research Questions

The interview questions were asked to understand the UPSLs' practices and challenges they encountered in supporting students with ADHD in the public school setting. The lived experience of the participants provided valuable information as the questions were answered directly by leaders who were knowledgeable about the practices used during their tenure in supporting students with ADHD. Insightful, also, were their views on the challenges and their suggestions for changes to assist the new generation of leaders. The guiding questions for this study were:

1. What practices were used by urban district leaders to support middle and high school students diagnosed with ADHD?
2. Which of Bolman and Deal's (2021) four-frame constructs is dominant in the systems used by urban district leaders to support middle and high school students diagnosed with ADHD?
3. What district-level supports, such as professional learning experience, were provided to help staff working with students diagnosed with ADHD?

The first question sought the systems, supports utilized, and challenges encountered by the participants while helping students with ADHD. In contrast, the second question wanted to know which of Bolman and Deal's (2021) four-frame constructs influenced their decision-making process, and the third question ascertained the training provided to help staff support students diagnosed with ADHD. The interview questions were developed using a literature review to find meaning in the participants' experiences. Each person in the study had unique experiences but displayed common characteristics when describing their perspectives on supporting students diagnosed with ADHD.

Data Analysis

As explicitly described in Chapter 3, the participants responded by email to the researcher's invitation, and semi-structured interviews were conducted via Zoom that lasted for 35–60 minutes with seven predetermined and probing questions. The data were organized and analyzed using van Kaam's (1959) methods and the procedures of phenomenological analysis modified by Moustakas (1994). The findings were developed based on the composite description, study data, and guiding research questions. Analyzing data regarding the perceived views of the leaders' support, decision-making, challenges, and staff training led to several

textural and structural themes and subsequent composite themes. The themes identified included (a) behavioral and pharmacological intervention support; (b) plans, processes, and staffing are significant barriers to effective service; (c) structural frame (metrics, rules, and policies) dominated decision-making process; and (f) lack of training needs.

Results

Examining the responses to Research Question 1 produced two textural and one structural theme relating to leadership practices. One textural and one structural theme emerged from Research Question 2 regarding decision-making. In addition, one textural and one structural theme emerged regarding professional development training support for staff. The identified themes not only explain what practices the leaders utilized in supporting students with ADHD but how they viewed the support systems.

Research Question 1

Analyzing data regarding what systems and practices the retired UPSLs used in providing services for students diagnosed with ADHD led to several textural and structural themes that were woven around the stories and details delivered to the researcher. Although each participant had a unique view, shared experiences and meanings emerged. Intervention support, special education plans, processes, and staffing were significant barriers to effective service, and support plans for student success and systemic challenges and obstacles were underlying ideas. These themes are discussed as textural descriptions and structural themes, as well, there is a composite description of the essence of the experience for the group.

Textural Theme 1: Behavioral and Pharmacological Intervention Support. With the first theme, intervention practices, the UPSLs, in their view, noted the importance of behavioral (school-based strategies like environmental modification, short breaks, handheld fidgets, run-

around sheets, and staff support) and pharmacological (prescribed medication) interventions in improving the behavior and academic well-being of students with ADHD in the school setting. In this research study, the participants recalled the role of the response to intervention (RtI) team, individualized education plan (IEP), or a 504 Plan as tools to support students diagnosed with ADHD. The participants shared the critical role their knowledgeable special education teachers played in implementing the plan in their respective classrooms. However, the participants, in their experience, acknowledged that building support was insufficient, and community involvement positively assisted students with ADHD.

Most of the participants in this study shared the critical role the RtI team, a well-developed IEP, or a 504 Plan with intervention strategies, played in supporting students diagnosed with ADHD. Dr. Avis, who retired as chief of schools after serving in various capacities as principal and director of special education, recalled how a plan was developed. Dr. Avis said,

> The process would start with doing an assessment where the parent and the teacher complete a form checkbox, analyzed by the school's psychologist. . . . The psychologist would just come out and say, "Yep, I think they have ADHD, but send that to the doctor and then allow for the doctor to make the actual diagnosis." (Avis, 45-47)

Dr. Avis explained, "Once you have that diagnosis from the doctor, understand that the child has it, and you're going to keep them in general education, possibly with some medication if the doctor says he's diagnosed." However, Dr. Avis expanded, "if the parent does not want to medicate their child, it could be a 504 Plan for various accommodations." (Avis, 41–52).

Similarly, Ms. King retired as an executive director and served as a building principal once in her career with the district. In her experience, she said,

> First, identifying the child's needs. That came through classroom observations, not only by the teacher but [by] having others that may be very familiar with the behavior, such as a school psychologist, sometimes a principal, and sometimes a special education director, coming in and just observing a child in their setting. (King, 48-51)

Ms. King recalled including the student's medical practitioners: "conversations with a medical doctor that the child is seeing, a child could have been prescribed medications due to a doctor's diagnosis of ADHD." Also, "Conversations with the parent, seeing if the behaviors they're experiencing in school—are they experiencing those same at home" (King, 54–55). In Ms. King's opinion, this process enabled her team to develop appropriate data for an IEP or 504 Plan to support the student.

Ms. Charles expanded on Ms. King and Dr. Avis's explanation of providing services to students diagnosed with ADHD:

> The teacher would bring their classroom observations, any data, and any student work. Then a team of people who either worked with that student or who knew that student best would sit around and have a conversation about things that were working well, just some background information on the child and the family, past school year data, attendance data, and then start a conversation around, "well, what do we think the student needs, what are some strategies, a strategy maybe we want to try for a couple of weeks, like an intervention strategy to support that student?" (Charles, 56–61)

This conversation would lead, in Ms. Charles's view, to a support plan for the student.

Most of the participants in this study shared that they relied on the expertise of appropriate staffing to help students diagnosed with ADHD in their respective roles before retirement. The participants identified how having a team of psychologists, social workers,

counselors, occupational therapists, administrators, and special education teachers with knowledge of ADHD symptoms and an understanding of school-based intervention strategies helped support students diagnosed with ADHD. They expressed their views on the role of staff members with expert knowledge of intervention strategies in addressing the academic and behavioral needs of students with ADHD.

Ms. Bush, an associate director of the special education department, in her experience, explained, "The key feature is knowledgeable and trained staff who understood the needs of the students and had the skills to identify the supports and implement the program." She emphasized that "many special education teachers have that depth of knowledge and understand that students have a disability; it's not a choice. So, they realize how important it is for their classroom to reflect those specific needs" (Bush, 15–16). Ms. Bush argued,

> For example, student choice. I think that's big in high school, in particular, the way that they receive instruction, the way they learn, not necessarily in rows silently reading and responding, that is very difficult for them to do it. (Bush, 67–69)

In a similar response, Ms. Peter, a director of special education before retirement, said,

> Well, basically, the team usually had come in with their knowledge and background on what would work with the child and what has worked, and what hasn't worked. Their expertise in their specific areas of education, be it teaching or speech pathology or psychology, social worker, or whoever. They have the expertise that everybody brings to the table. (Peter, 74–77)

She recalled a particular incident and how it was addressed,

> The child was about 12, with extreme ADHD. Climbing up filing cabinets, just not sitting in his chair. He could not sit still; he just kind of like, literally, bouncing, bouncing. It

> was almost heartbreaking that he tried so hard, but he just couldn't. So, we did different things with the medication and fidget toys and tried letting him stand up. They're just different things that we could do in a smaller setting. So, I don't know if something like this would be possible in a classroom of 25 kids, but we had a smaller class setting, so we could allow the child to do a few different things. (Peter, 120–126)

Ms. Charles, who served as a building principal before retirement, in her opinion, gave credence to the role of knowledgeable staff as reliable support for providing services to students with ADHD. She recalled how she relied on a team of staff members with varied experience and expertise to address the needs of students with ADHD. Ms. Charles explained it this way, "there are team meetings, and intervention plans, done with the teacher, administration, maybe social workers, occupational therapists, and other service providers." She described the coming together to develop an IEP for the student, "the team meeting for the IEP, coming up with ideas on how to help the child focus." For example, Ms. Charles stated,

> [A] student who on their IEP was prescribed a fidget, like a fidget ball or a handheld item, so that if he started getting off task, he would start working with the fidget ball, and it would help him kind of get on task again. (Charles, 15–17)

She emphasized the importance of having knowledgeable staff:

> When the staffing isn't there to support students, I'm not an expert. I have experience, but I'm not an expert, by any means, then I think that's where we often fail the student by providing the people around who support that child, that young adult, with the keys, with tools that they need to meet their needs best, the kids' needs. (Charles, 42-45)

Ms. Charles explained further:

> I honestly think that the process worked in conjunction with the school I was at [which] had a special education teacher, had an extra teacher at every single grade level for three sections, so you had an extra person there too. (Charles, 89–98).

Mr. David also mentioned teachers as the first resource in providing support services for students and, if that failed, using the RtI team to address the student's needs. He explained "the process of using good first teaching, and if that wasn't working, and using the RtI strategies." Mr. David described the importance of the composition of the RtI team, "Everybody had to come together. So, we came up with a solid plan. And when I say everybody, I'm talking about parents and the student." He asserted that for a positive outcome, students' voices could not be ignored, "Students should have some influence on this, so that if they feel they were part of making a plan, they're going to stick to it instead of it being imposed on them" (David, 43–46).

In their experience, several participants shared how collaborating with parents and the availability of community resources was critical in their ability to provide services supporting students diagnosed with ADHD. Mr. David recalled parents' vital role in helping his efforts to provide services for students:

> Parents are an incredibly important part of the team. Because if they're not buying in, their students aren't going to buy in. Because parents obviously are with their students half the day, while we got them the other half. And it's important to have them on the same page. (David, 110-111)

Mr. David explained further how he created a culture in his building where staff members understood the critical role of parents in the affairs of their students. Mr. David described it this way,

When it comes to communication to make sure that parents fully understand and can contribute to the process, we're not going to throw around acronyms because education is full of acronyms. So, if we use an acronym, we're going to say it first, and then we'll say what the acronym is so that the parents can understand what we're talking about while we're in the meeting. (David, 113–117)

Ms. Charles also reiterated, in her experience, the importance of working with families—especially parents, "I think one of the biggest pieces was that we tried to know our families, and they were key to the success across the school or with their child. You need parents there at the table." She further explained, "It was one of those expectations school-wide that we discussed, that there would be strong relationships with families because, at the end of the day, it's about relationships" (Charles, 207–215).

Dr. Tom agreed, explaining, "The parent would be onboard from the beginning to the end, talking to the parent about maybe outreaching out to the medical community." He concluded, "The parents play a major role" (Tom, 143–144). However, Ms. King recalled:

> Parents sometimes are intimidated about coming to school. So, I would go to them. Not only was that helpful to me in making decisions, but it allowed me to see the environment at home because many times it could be other stressors at home that affected the child in school." (King, 93–96)

Ms. Bush pointed out the fact that, "with parent support, they can be strong advocates, or they can be the enemy. And I guess it is up to the teacher or you as the administrator" (Bush, 238–240).

Dr. Tom recalled how having a community resource like a medical center in his building made assisting students with ADHD possible. He explained,

> And I was lucky to have some great community resources I could use for guidance. The school-based health center and the individuals, the experts within that environment, such as a nurse practitioner and a pediatrician, would come out to the school to support. . . . Fortunately for me [at that time], Dr. _____, [who] has since passed away, but he was one of the doctors, or in this case, a pediatrician, who was connected with my school in the health center. (Tom, 48–49, 153-155)

Interestingly, Dr. Tom signaled medications' mixed impact in providing services to students with ADHD. He shared his experience,

> This also is an interesting thought, because it seemed like the medication, itself, doses may not be helpful, the child may continue to demonstrate the tendencies, the lack of attention and continue to be very active and, in some cases, hitting other children, not staying in the classroom, running in and out. (Tom, 26-29)

Dr. Tom went on to explain that a lot depends on getting the correct dose,

> Feedback from the home and trial and error of medication, in this case, small doses, perhaps, increase in doses, I have seen that as well. In many cases, and I can't give you a percent, in many cases, that seemed to work well with children. (Tom, 32-34)

Reflecting, he added, "I will also say, my daughter, again by marriage, stepdaughter, also was diagnosed with ADHD; at the time, it was ADD; the terminology changed with ADHD, and that medication seemed to help her. So just an FYI," he concluded.

Although Dr. Avis, Ms. King, Dr. Tom, and Ms. Peter served at different levels of leadership, at the time of retirement, they all shared a similar experience of using behavioral and pharmacological interventions. Most participants stated that strategies were developed by a process that involved the school team, special education team, student, parent, and the child's

doctor who had explicitly written in an IEP or a 504 Plan. These strategies typically included modifying the classroom settings, providing the students handheld fidgets, giving the students small breaks, providing run-around sheets, or, at times, a doctor's prescribed medication, to support students diagnosed with ADHD, as did most other participants. All participants explained the importance of allocation of expert staff, positive relationship with families, and community resources being critical to successful outcomes.

Structural Theme 1. Support Strategies for Students' Success. Most interviewees were stuck with existing systems, such as special education policies and procedures, in providing services to students diagnosed with ADHD. The participants relied on existing problem-solving teams, IEP or 504 Plans, staff expertise, and community resources for the academic and behavioral well-being of students with ADHD. Dr. Avis explained that the process began with an assessment involving the parent and the teacher completing a form the school's psychologist analyzed. However, the child's doctor would make the actual diagnosis, considering the input of the stakeholders. An IEP or 504 Plan was then developed with the direction of the Committee for Special Education (CSE). The plan stipulated the problem behavior and strategies to address and assess progress. Dr. Avis said families could allow their children to be provided with medication in a general education classroom or opt for a 504 Plan for various accommodations.

Ms. King explained the benefits of involving all stakeholders' support in providing services to students diagnosed with ADHD. She said multiple individuals identified the student's needs through classroom observations to ascertain the problem's root cause. Ms. King further stated that the school team then reached out to the special education department and called for a meeting, with input from the student's doctor and parents to ascertain the impact of the behavior

on the student's learning. The findings from these collaborative efforts were used to develop appropriate intervention plans like an IEP or 504 Plan to help their students with ADHD.

The participants signaled that the appropriate staff allocation with knowledge of ADHD intervention strategies was vital. Most participants felt that having a pool of staff with expertise in ADHD intervention strategies led to better academic and behavioral outcomes for the students with ADHD. Ms. Charles, who served as a building principal before retirement, expressed that she relied on the expertise of staff members in providing services to students. She explained to have limited knowledge about ADHD and needed her team to be able to help students. Ms. Charles explained that the team involved teachers, administration, social workers, occupational therapists, and other service providers who were knowledgeable about the disorder. Ms. Charles was also very appreciative of the support her school received from parents and community agencies.

Even though Dr. Tom, a school principal, had no formal training in ADHD. In his experience, he was able to support students by collaborating with professionals within his staff poll and outside community resources. Dr. Tom received support from the medical center in his building in providing services for students with ADHD. He said, "My school was one of the lucky ones to have a school-based health center and the individuals, the experts within that environment, such as a nurse practitioner and a pediatrician, that would come out to the school to support." All the participants in their experience felt that the support they received from the existing systems, such as special education policies, at times, appropriate expert staff allocations, community resources, and support, helped assist students with ADHD.

Textural Theme 2: Plans, Process and Staffing Are Important Barriers to Effective Service. Most of the participants identified challenges they encountered in their quest to provide

services for students with ADHD and did not shy away from expressing their frustrations. The interviewees were frustrated with the complex bureaucracy, ineffective plans, and CSE chairs who were more concerned with the numbers than the needs of the students, supervisors' lack of knowledge, and high teacher turnover rates. Mr. David declared:

> The process is convoluted, and it needs to be streamlined so that you can expedite getting the students the help they need. They sent us a lot of paperwork to do. So, for the most part, many of the things we were doing were internal. (David, 73-75)

He explained:

> When we hit a crossroads, we would call the special ed department through the central office for guidance, suggestions, and things like that. I think it was drawn out. Sometimes we want to get kids help as soon as we can. Moreover, sometimes securing the help can take months and months of paperwork of data collection. (David, 71–72)

Dr. Tom expressed similar frustration:

> I've seen people who are leading some of the CSE [committee for special education] meetings seem to be, and it could be a district push, more tuned in to numbers and not necessarily thinking about the needs of the child. (Tom, 184-187)

During a meeting, he stated how the committee chair said, "No, with this child, we're not going to do anything more. You go back and continue to work with the child. We have a certain number, and then we cap." Dr. Tom continued:

> Perhaps the individuals, chair people, have been told that you are not to embrace any more than 10 cases coming through. It seemed like sometimes chairs ignore the needs and get caught up in, "Well, no, there are too many referrals, and therefore, nope, we're

not going to be looking to go into a direction of a referral for this person." (Tom, 194–195)

Dr. Tom concluded that some people who provided resources said, "We got to be careful of our numbers, not necessarily the needs of a child."

Ms. Bush felt that most plans did not align with students' challenges, "I recall several students who needed more strategic and prescriptive support through the CSE process where the IEP didn't truly reflect the student's needs." She mentioned situations where the focus of the intervention plan was on the target behavior rather than the intervention strategies that needed to be address it, "Sometimes the IEP would read, and the narrative would be concerned with the problematic behavior but not the interventions that are recommended or have proven to be effective." Ms. King, with a similar reaction, said, "many children are mislabeled, and even though the teacher may try to follow the IEP to the T, it's not meeting the needs of the students."

Ms. Peters, in her experience, identified that the lack of her supervisors' knowledge of ADHD impacted the process, "working with supervisors that didn't understand children with ADHD was challenging." She expanded:

> At different times during my career, some supervisors weren't knowledgeable about special education. I reported to many different people in the past, and not all of them had a special education background, and their views of children with ADHD were not necessarily ones that would be beneficial to the child. (Peters, 93–97)

Most of the participants interviewed identified staff turnover and teachers' lack of understanding of ADHD symptoms as a challenge impacting their ability to provide student support services effectively. Ms. Bush explained:

> There was a lot of transition with teachers; rarely do you see a teacher who works, in particular, the special class for years and years dealing with students with substantial learning deficit and behavioral issues that continue doing that year after year. (Bush, 49–52)

She attributed this situation to union contracts and the district's reliance on itinerary staffing. In a similar response, Ms. Charles explained:

> Staffing would probably be one of the biggest barriers and challenges because of the lack of consistency in terms of what the school design was supposed to be. We lost some key people who were driving that piece with kids who had some different needs, I guess, or needed extra support, whether it was students with ADHD or kids with academic or kids with behavioral needs. . . . If someone was in charge, we couldn't figure out who it was. I came in with one superintendent and then left two superintendents later, almost, to this school, I should say. (Charles, 160–162)

Mr. Johnson expressed frustration with staffing decisions:

> Someone in the central office decides what the staffing will look like, and then you must reconfigure from last year to this year, new staffing allocation, new staffing template, new staffing percentage. Now you've got to cut and adjust. (Johnson, 312–314)

In a similar response, Mr. David identified:

> Some of the challenges are with the staff. They don't necessarily understand what ADHD is. So, they think everything should be suspended, or kicked out of school, instead of coming up with a more structured plan for that young child that they could follow. (David, 139–142)

Dr. Avis pointed out:

> The biggest challenge that I always faced was the teacher, and for teachers, medication was the answer; give them the medication, then I can teach them. An easy way out for teachers is medication. And so, the challenge is to get teachers to understand children with ADHD. (Avis, 120–123).

Ms. Bush, opined, "I don't think the teachers can distinguish between kids who haven't learned school routines and haven't been educated yet and [are] ready for learning in a very supportive and organized, coordinated setting." She shared an example:

> And I think they hadn't disseminated the IEP, and a PE teacher approached the student because he didn't have the proper footwear on the first day of school, or whatever it was, and aggressively touched the kid on the back, and the kid just went berserk. That is an obvious sign that people did not understand the student's needs or know his triggers. (Bush, 32–34)

Several barriers were enumerated by the participants, such as a lack of awareness of the difference between students who need support following routines and willful disregard for rules. They discussed plans focused on the problem, not intervention, and a lack of communication between support staff and mainstream teachers. Also, the participants shared a complex process of obtaining support, staff turnover, and supervisors' lack of understanding of the needs of students with ADHD as an impediment to providing services.

Structural Theme 2. Systemic Challenges and Obstacles. The participants pointed out numerous obstacles that affected providing services to students with ADHD during their tenure. The four school principals were the most vocal about the systematic challenges of delivering services. They experienced a long, drawn-out process of obtaining urgent assistance from the

centralized special education department to meet urgent student needs. Mr. David felt frustrated with the paperwork required to be filled out to justify assistance from the central office. “Since the experts are not in the buildings, only certain people can access those with knowledge and authority for advice and assistance. So, building administrators must depend on the resources available to them in their schools,” Mr. David explained.

Dr. Tom’s frustration was with the committee chairs on the CSE. He felt their desire to keep their numbers down motivated the CSE to ignore the needs of students with ADHD. The CSE chairs questioned the number of referrals and asked for extra documentation rather than attending to the urgent requests for support by frontline staff that supported the students. He felt the district’s push was to maintain a certain number of students receiving specialized services, which burdened the schools.

Ms. Bush, in her experience, signaled that the constant changes in the teacher positions were frustrating. She stated it was difficult for a teacher to work for a long time in one building with a special education class dealing with students diagnosed with ADHD. She felt these changes created inconsistencies in the classroom structure and instruction, in her opinion, adversely impacting students with ADHD. Mr. Johnson felt that central office leaders, who were clueless about the actual needs of the students with ADHD, were making decisions about staffing size and expertise that were being sent to the buildings.

Ms. Peters felt her supervisor did not support her. She said it was tough to communicate the needs of students with ADHD to her boss who did not understand the symptoms of ADHD. In her view, this ultimately affected her ability to provide services to students with ADHD. Ms. Peters expressed how she spent valuable time going back and forth to make her case for students with ADHD that needed urgent assistance.

In Dr. Avis's experience, teachers who lacked knowledge of ADHD believed that medication was the answer. Because of this belief, she felt most teachers were less motivated to support the kids with strategies in their plans. Dr. Avis believed medication became an easy route, and teachers were not held accountable and were not reflective on some of their practices.

The participants shared the following, in their collective opinion, as issues that impeded service provision;

- A drawn-out process bogged down with much paperwork.
- The push by CSE chairs to keep the number of students receiving services down.
- Staff turnover created instability.
- Unsupportive supervisors
- The perception of many teachers that a diagnosis of ADHD is synonymous with medication presented obstacles to providing services to students with ADHD.

Research Question 2

Textural and structural themes emerged from answering the question seeking to know the dominant Bolman and Deals (2021) frame in the participants' decision-making process. The interview data were analyzed using the lens of Bolman and Deal's (2021) four frames of structural, human resource, political, and symbolic to create a paradigm of the participants' decision-making processes.

Textural Theme 1: Structural Frame (Metrics, Rules, and Policies) Dominated the Decision-Making Process. Most participants were trapped in existing policies, metrics, and regulations. Mr. Johnson explained,

> My position was that decision-making was about protecting the rights of the students in this building, and everybody had some responsibility for that, including the students.

> That's kind of the approach I took. That's why I used to, like I said, in Denver, a caring community, common concepts, collaboration, it all makes sense. I tried to develop a caring community, and my position was, "Y'all know I'm not going to be here for this extended period. . . . I'm trying to build capacity in each of you so that one of you will be a principal. (Johnson, 103–107).

Mr. Johnson discussed how state mandates guided his decision,

> Part of the responsibility that the principal has in this situation, where we had not demonstrated demonstrable improvement, that's what the state required, demonstrable improvement. They gave us these metrics that the school had to meet. We were in our third year, and at the end of the school year, the principal has the right, by the legislature, to displace teachers that they don't think fit the culture. (Johnson, 103-107)

In Ms. Charles's experience, consistency of teams led to trust,

> It just gets to the point where you have a consistent team, and that they are empowered. That's just the way we worked. We trust you; you know what the expectations are, and you know what our vision in the school is, so you pick it up and run with it. It goes down to relationships and communication.
>
> The process of that discussion and that cyclical coming back to the table, checking on it. Then what was helpful was that at the end of the school year, teachers organized their classes for the most part. We tweaked it here and there but always started in the summer by returning to that dashboard. We had a data dashboard. We'd go back to that data dashboard that included a link to any RtI documentation we've done over the previous year. That system for us worked well, I thought. (Charles, 140–143).

Ms. Bush identified the student referral system as a factor in her decision-making process:

> As an administrator who's responsible for discipline, and the student comes to you because the teacher has a concern and submits a referral. . . . One of the things that I think is critical when you're talking to students and when you're dealing with that student is to listen, so you can understand where some of the challenges are, seek to understand from the teacher, whoever submitted the referral, what happened in the classroom just before that. What was the setting, and who else was there? What did you do? What did you say? And I think just the listening process and understanding what's happening. And then see if there is something about this that relates to the disability and the IEP of that student. (Bush, 85–89).

Ms. King regretfully acknowledged:

> Sadly, I would like . . . sadly, I must admit, there have been many times that I've had an opportunity to help not only children with ADHD but children with special needs. What happens, many times, and I'll only speak for myself, not for other administrators, is we tend to begin to cater to the adult instead of the child. (King, 221-224)

Ms. King gave an example of a confrontation with a student:;

> He said, "the district has failed me. You are not helping me." I tell this story because it was a wake-up call for me. That child knew his needs, and we were not meeting them. They're dependent upon the adults. It pierced my heart when _____ said that to me, because that was exactly what I was doing. I was not helping him. I was assisting the school in staying calm, but I was missing the most essential part of the school, that student in front of me. (King, 221–226).

Table 4.1 summarizes the dominant frame of decision-making as it relates to the participants in this study.

Table 4.1

Decision-Making Through the Lens of Bolman and Deal's (2021) Four Frames

Frames	Avis	Bush	King	Peter	Charles	Tom	David	Johnson
Structural frame	X	X	X	X	X	X	X	X
Human-resource frame			X					
Political frame	X					X		
Symbolic frame								

Structural Theme 1. School Policies and Mandates Interfere with Effective Service. Compliance mandates from the district central office and the state guided the participants. Most participants followed existing tools such as referral forms, school problem-solving teams, doctor's diagnostic orders, CSE process, IEP, and 504 Plans. In Mr. Johnson's experience, he believed his decision-making approach was based on a sense of fairness and collaboration. Although he did not receive support from the central office, capacity building was vital. He utilized state-mandated compliance documents to guide his daily interaction with his staff. He explained that these mandates were explicit about the school's improvement goals in a given period. Mr. Johnson found the metrics of the assignments functional because they provided the school principal's responsibilities and the authority to see to the successful implementation of the mandates. He shared that this authority provided by the legislature carried far-reaching powers to displace a staff member who did not fit the school culture and was resistant to change.

In a similar response, Ms. King described how the state mandates impacted her decisions toward students and staff. She shared her experience following district policies and state

mandates when supporting students diagnosed with ADHD. She ensured all students followed the rules by engaging and providing all necessary support to maintain a safe environment for all students and staff. In the process, Ms. King realized the policies created an environment where the adults' interests precede the students' needs. She expressed sadness that her good intentions must have disappointed some students, especially those diagnosed with ADHD.

Research Question 3

Textural and structural themes emerged from the answers to the question seeking to ascertain professional development training provided to help staff support students diagnosed with ADHD. Training needs and ADHD training options were the overarching textural and structural themes.

Textural Theme 1: Professional Development Training Support Was Not Provided to Staff. Training was an essential factor raised by all those interviewed. Mr. David explained:

> As a principal, I don't think I had much training. I had been a teacher for 16 years before becoming an administrator. And then I married an elementary teacher, so she had much experience with the young ones. And then, I became an elementary principal at one point. So, seeing it as a person helping young learners helped me gain that experience when I got older learners. (David, 178–182)

Dr. Tom felt most staff did not have the training to work with ADHD students. "Some particularly new staff members didn't seem to understand how to work with the child or student; staff members, perhaps even older ones, but new ones more so." He shared his own experience,

> For me, not knowing what else to do with the child. One thing in the district, no one; I don't recall getting any professional development on this subject. I was going into a nurse's office with some of the children who had already been diagnosed to see the

bottles of medication, the number of bottles; I was like, "Holy geez." That I must figure out, go out, and get as much information to read and be able to observe, certainly administrators, teachers, and I would also say, the professionals and teaching assistants within the district. I'd have to be as well-equipped as possible through professional development, which would've been very helpful to me. I don't recall from my own time that there was any PD, as far as the district was concerned. (Tom, 155–168).

Ms. Bush explained:

> I remember going to . . . . we had several days of professional development the week before school one year. And that was two days of training, and one was mandatory. And it was to teach all administrators about the special education process. And it was very dry, cut, and dry. The parent wrote the letter, and it was procedural. And I don't think it helped anyone because of the number of people I talked to who still don't know what to do with a parent letter or what triggers what response; those things are important. I wish that teachers and administrators would be more knowledgeable about the critical features of the disability and some ways to support the student.
>
> You can write a great document, but the student isn't receiving the benefit without implementation. If you don't properly go through the process, the student will never receive services. (Bush, 184–190).

Ms. Charles stated:

> I know that we focus a lot on mental health, which is not ADHD. I think I would add that piece there that how do you create that balance that it's not just about mental health services, but also about students who have a diagnosis such as ADHD. . . . I would say, though, that a lot of the professional development was for students with autism that we

> provided to teachers was also good practice for all kids and kids with ADHD, but did we talk about kids with ADHD? I don't remember the whole professional learning on ADHD. (Charles, 149–155)

Structural Theme 1. ADHD Professional Development Training Options. The participants shared that they learned about ADHD by interacting with students, staff, and community medical centers. The majority of the participants were not provided with the opportunity for ADHD-specific training by their district and had to assist with providing services based on their staff members' expertise. In Dr. Tom's experience, he received no training in providing intervention support for students with ADHD in the district. He explained that it took a visit with one of his students to the school nurse's office and for him to see the bottles of prescription medication for it to dawn on him how many medications the student had to take to function in a classroom. He said the feeling was awful, sitting in a meeting and being unable to contribute or understand what the other meeting members were talking about in such meetings. Dr. Tom believed he would have been more helpful if he had had enough knowledge through training.

Ms. Charles explained that the training focus was more on students with autism because her school had a special class for autistic students. She also recalled general training on mental health, which she said was a big push by the district. Ms. Charles believed some ADHD-specific training for herself and staff members would have been helpful. The lack of understanding of ADHD always put her on edge because she could not guarantee how long staff would be in the building providing support. Although there was no ADHD-specific training, Ms. Charles recalled that many general classroom-management professional development training was provided in her building.

Ms. Bush recalled training that was provided. Some of the mandatory training was not explicit enough to provide administrators and staff with the tools necessary to support students with ADHD. In her opinion, they were superficial, and the trainings were given to "check boxes" that training was done. Ms. Bush explained that a 2-day training course with a few mentions of a CSE communication letter with a parent could not be considered a good enough tool for administrators to provide services or assistance to students with ADHD.

The participants indicated that the support they received through following the district policies, the expertise of their staff, and outside community organizations was critical to their practices in supporting students with ADHD. The participants also highlighted the obstacles that negatively impacted their ability to provide services for their students' academic and behavioral well-being. Table 4.2 summarizes each textural and structural theme as it relates to the participants in this study.

Table 4.2

Composite of Textural and Structural Theme for All Participants

Themes	Bush	Avis	Peter	King	Tom	Johnson	David	Charles
Textural								
1. Behavioral and pharmacological Intervention support	X	X	X	X	X	X	X	X
2. Plans, processes, and staffing are important Barriers to effective service,	X	X	X	X	X	X	X	X
3. The structural frame (metrics, rules, and policies) dominated the decision-making process.	X	X	X	X	X	X	X	X
4. Professional development Training support was not provided to staff.	X		X	X	X	X	X	X
Structural								
1. Behavioral intervention	X	X	X	X	X	X	X	X
2. Systemic challenges/obstacles	X	X	X	X	X	X	X	X
3. District policies/mandates			X	X	X	X	X	X
4. ADHD training option	X	X	X	X	X	X	X	X

The Essence of a Total Experience

The participants in this study, in their respective capacities and schools, shared a common experience with the tools and support strategies they used in providing services for students diagnosed with ADHD. The participants shared that behavioral or pharmacological, or combined intervention strategies were utilized. They mentioned a problem-solving or an RtI team, IEPs, and 504 Plans. The participants also highlighted the special education department's role through the CSE in supporting the academic and behavioral needs of students with ADHD.

Support from the appropriate assignment of knowledgeable staff to the schools and collaboration with families and medical experts in providing services for students all contributed to successful outcomes. Another collective view was the role of community organizations' partnerships when discussing their experiences with helping students diagnosed with ADHD. They shared a common appreciation for those individuals they could turn to for expert advice in their schools and from outside organizations.

Another common thread included the participants' obstacles at the building and central office levels. They described the system of providing services as very complex, lengthy, and often the services did not address the needs of the students with ADHD. They also mentioned the lack of awareness of most staff members in positions of authority as impediments to assisting school support for students with ADHD. The overarching themes that emerged were frustrations with district policies and mandates that focused more on the process than students' needs.

Most participants described district policies, mandates, and existing structures as factors that guided their decision-making concerning providing services for students with ADHD. The participants shared how the process catered more to the needs of the adults in the name of keeping everyone safe, rather than catering to the students for whom the policies and mandates

were intended to help. For example, there were policies mandating staff members to write referrals for disciplinary actions against students who displayed disruptive behavior in the learning environment and that demanded such students be removed from the classroom for the safety of everyone.

Data Analysis and Findings

This research study included interviews with eight retired UPSLs who served in one of the Big 5 conference districts in New York State. The study sought to understand the UPSLs' views and practices in supporting middle and high school students with ADHD in urban schools. The researcher collected interview data, memo notes, performed member checking, and collected the answers to the demographic surveys for analysis and interpretation. Table 4.3 summarizes the data highlighting the textural description, including verbatim quotes, the textural-structural narratives, and composite themes, which were the essence of the experiences representing the entire group of participants.

Table 4.3

Textural Descriptions, Textural-Structural, and Composite Theme

Sample Quotes	Textural-Structural Theme	Composite Description
The key feature is a knowledgeable and trained staff who understood the needs of the students and had the skills to identify the supports and implement the program and medical support.	A need to understand best practices for ADHD intervention	Systems for providing services
Perhaps the individuals, chair people, have been told, you are not to embrace any more than 10 cases coming through. We got to be careful of our numbers, not necessarily the needs of a child.	System riddled with inadequacies and frustrations	Systemic challenges/ obstacles
They gave us these metrics that the school had to meet.	Trapped in regulations and procedures	District policies and state mandates
For me, not knowing what else to do with the child. One thing in the district, no one; I don't recall getting any professional development on this subject.	Empower with ADHD-specific knowledge and a menu of strategies	ADHD professional development training option

Summary of Results

Eight retired UPSLs from the New York State Big 5 conference districts participated in open-ended, semi-structured interviews that enabled the researcher to gain insight into their experiences. The interviews provided 87 statements relating to their practices and perceptions. Four composite descriptions were formed that spoke to the knowledge of the UPSLs.

Research Question 1 investigated the support systems utilized and the challenges encountered by the participants while helping students with ADHD. All but two study participants felt that having an RtI team, special education department CSE, IEP, and 504 Plans greatly assisted in providing services to students with ADHD. Although the two participants shared that the special education department CSE was inadequate and, at times, focused more on the problem behavior than the intervention, they acknowledged that having the RtI team was a lifesaver. Some expressed how their knowledge of ADHD was limited, and most participants believed that having a team of psychologists, counselors, social workers, special education teachers, and administrators with expertise in ADHD intervention made supporting students with ADHD possible.

For the study participants, having positive relationships with families of students with ADHD and a partnership with the community organizations was critical in providing the needed support in meeting the needs of children with ADHD. They described support from medical centers housed in their buildings to a partnership with outside youth organizations with the knowledge and intervention strategies to provide an added assistance layer. Many stated how having a supportive relationship with the parents of students with ADHD offered valuable information and insights, creating a positive environment for students' academic and behavioral well-being.

All but one participant in this study expressed their frustrations with the complex system of obtaining urgent support for students with ADHD from the district central office. Four participants (principals) described a process that involved a lot of paperwork, which was long and drawn out, and that took time to get support from a central special education department. Staff turnover, especially among those with professional knowledge of intervention strategies for students with ADHD, was a factor highlighted by all participants. In their opinion, union contracts and district reliance on itinerant staff were the cause of inconsistencies in meeting the needs of students with ADHD. In contrast to this view, one participant believed the system worked as it was designed to operate.

Research Question 2 examined which of Bolman and Deal's (2021) four-frame constructs was dominant in the systems used to support students diagnosed with ADHD. Bolman and Deal's (2021) structural frame of organizational decision-making emerged as the dominant frame used by all participants. The structural frame emphasized specialized roles, metrics, rules, policies, and formal relationships. Most of the study participants described the district's existing structure, metrics, regulations, and procedures as guiding principles in their decision-making process. They explained that most of their decisions were based on mandates that they were required to follow—especially regarding students with ADHD.

The building leaders stated that they had limited authority over the decision-making process in service provision. Decisions were driven by policymakers in the central office that decided what happened and who was assigned to a school, even though they were held accountable for the well-being of the students. The participants in this study said they made decisions based on the district or state metrics in providing services for students with ADHD, which in their estimation, was convenient.

Research Question 3 sought answers to district-level supports, such as professional learning experience, which was provided to help staff working with students diagnosed with ADHD. Training needs were a theme that was expressed frequently by all the study participants. They described the lack of ADHD-specific training for all staff as a significant challenge in their district. The participants felt that understanding ADHD characteristics and intervention strategies would have helped them assist students with ADHD. They explained that the professional development training primarily focused on students with autism or the courses concerned general mental health issues.

All the study participants shared a need for all staff members who interacted or supported students with ADHD be provided with ADHD training. One participant suggested ADHD training be mandated yearly for all staff who helped students with ADHD, like New York State's sexual harassment training. They also explained the need for mentorship support for administrators. Finally, decisions were made in the central office regarding staff allocation and support systems without considering the unique challenges the principals encountered in providing mandated services for students with ADHD.

Chapter 5: Discussion

Introduction

This research aimed to gain information on leadership perceptions and practices supporting middle and high school students diagnosed with ADHD in urban schools. Chapter 5 synthesizes the research literature, guiding research questions, and study methods with the findings. Chapter 5 also reviews the results, discusses their relevance to the literature, and offers recommendations. The information gained from the lived experience of retired UPSLs will contribute to the body of literature and knowledge on practices supporting students with ADHD in urban schools. Research is available regarding symptoms, intervention strategies, and teachers' perceptions and understanding of ADHD, but a gap exists in the literature on school leaders' perceptions and practices of ADHD. A study centered on leaders' perceptions and procedures is critical in understanding how students with ADHD are provided services in urban public school districts.

This study examined the lived experience of eight public school leaders from the Big 5 conference district in New York State who have had experience supporting students diagnosed with ADHD. The perceived views of the leaders' support systems, decision-making, challenges, and staff support were analyzed. Through open-ended, semi-structured interviews and discussions with the study participants, information about their views and practices on supporting students with ADHD was examined. A phenomenological design was chosen to capture the lived experiences of the retired UPSLs. The guiding research questions for this study were:

1. What practices were used by urban district leaders to support middle and high school students diagnosed with ADHD?
2. Which of Bolman and Deals (2021) four-frame constructs is dominant in the systems used by urban district leaders to support middle and high school students diagnosed with ADHD?
3. What district-level supports, such as professional learning experience, were provided to help staff working with students diagnosed with ADHD?

The lived experience of the participants provided valuable information because the questions were answered directly by the leaders who were knowledgeable about the practices used in supporting students with ADHD. Their views of the challenges and suggestions for changes to assist the new generation of leaders were insightful. The data gathered assisted the researcher in identifying the leaders' district support systems in providing services for students with ADHD before retirement. Four common themes were established: (a) behavioral and pharmacological intervention supports, (b) systemic challenges and obstacles, (c) school policies and mandates, and (d) ADHD training options. Understanding the views and practices of retired UPSLs in supporting students with ADHD can be valuable to policymakers and educational leaders who enact policies and create and supervise those who deliver services to students with ADHD.

Implications of Findings

Research Finding 1. A Need to Understand Best Practices for ADHD Intervention

The results in Theme 1 of this study suggest that most UPSLs and teachers in New York State lack knowledge of ADHD characteristics and special education services and accommodations. According to Guerra et al. (2017), teachers might lack sufficient information

on intervention strategies for ADHD students during their preservice preparation and not receive enough district or administrative support regarding ADHD students through professional development training. Also, teachers' knowledge, skills, and beliefs might significantly impact classroom behavior management regarding students diagnosed with ADHD (Owens et al., 2017). The participants reported relying on the expert knowledge of their professional staff and community and on the school-based medical center supports, like nursing practitioners and pediatricians, to aid students with ADHD.

The participants mentioned the need to develop close working relationships with RtI teams (special education teachers, counselors, social workers, and school psychologists), parents, and the students' medical practitioners to develop support plans (IEPs or 504 Plans). Research indicates that positive team deliberations can improve school functioning outcomes and academic achievement. Deliberations and partnerships between the school psychologist and classroom teachers are needed to define and develop treatment plans (DuPaul et al., 2006, 2011; Fabiano & Pyle, 2019). Although the leaders lacked a knowledge of ADHD symptoms treatment strategies, they intentionally developed authentic and transparent relationships with professional experts to gather crucial understanding of how to support the process. The participants' working relationships with all stakeholders followed a process that created support plans with strategies, such as run-around sheets, daily report cards, check-in and check-out, breaks, fidget tools, medication, and classroom modifications to help students.

These processes and findings are supported by two laws that govern special services and accommodations for children with disabilities: (a) The IDEA and (b) Section 504 of the Rehabilitation Act of 1973. IEPs are individualized special education services to meet the needs of the student. In contrast, a 504 Plan provides services and changes to the learning environment.

IEPs and 504 Plans provide accommodations, like, modified instruction, assignments, environments, breaks and movements, positive reinforcement, and feedback. Extended time for testing and technology to aid with tasks are also accommodations to help students manage their ADHD symptoms (CDC, 2022a). Also, research indicates that providing students with immediate feedback, making expectations explicit, and using a daily report card in communicating with parents can support students with ADHD (Moore et al., 2018).

Similarly, school behavior strategies like check-in check-out (CICO), which was used by the participants to assist students with ADHD, are supported by research as a school behavior intervention that promotes improvement in behavior change of students with ADHD, with the implementation of CICO support (Karhu et al., 2017). Also, in a previous study, Evans et al. (2016) cited that medication treatment benefited students with ADHD in organizing, managing time, homework challenges, academic performance, and focusing on tasks. At the same time, collaborating on both treatment methods, Pelham et al. (2022) explored the efficacy of different doses of behavioral and pharmacological treatments for ADHD students in a summer treatment program. Findings indicated a highly significant and positive impact of behavioral and medication treatments in children with ADHD (Pelham et al., 2022). According to a previous study by Barkley (2015), the most prevalent treatment with demonstrated effectiveness for reducing ADHD symptoms and related disabilities are psychotropic medications and behavioral interventions implemented in the home and school environments.

Also, these findings on both treatment methods corroborate with previous studies (Evans et al., 2016; Karhu et al., 2017; Moore et al., 2018). Unfortunately, although stimulant medications show promising signs, one-third of youths do not respond to them, and one out of every 10 experience adverse side effects (Chacko et al., 2014). Poor adherence to taking the

medication, along with untimely termination of stimulants continues to undermine their benefits. An estimated 54% of children with ADHD are not adhering to medication treatment as prescribed (Wolraich et al., , 2019).

This study's results illustrate the need for UPSLs and staff to understand better the processes and procedures associated with IDEA and Section 504 that govern special services and accommodations for children with ADHD. Also, the participants needed to learn different intervention strategies (behavioral and medical) to manage their challenges in supporting students with ADHD. Research has identified understanding "different strategies as an essential and desired element of training, viewed as crucial in building staff knowledge of how best to support children with ADHD" (Ward et al., 2021, p. 317). In addition, there is a need to foster an environment where UPSLs can develop close working relationships with their building teams, students, parents, and community partners (medical professionals).

Research Finding 2. A System Riddled with Inadequacies and Frustrations.

The results in Theme 2 described a broken-down system needing more special education resources and specialized staff. The UPSLs reported facing a long process for expert guidance from the centralized special education department. The participants felt frustrated with the bureaucracy, paperwork, ineffective plans, and the push by CSE chairs to keep the numbers of ADHD students down rather than meet the needs of students. Despite laws mandating schools in the United States to provide access to FAPE in the LRE for all children with disabilities in schools, an estimated one-third of children with ADHD do not have IEPs or 504 Plans. Moreover, when they do have an IEP or a 504 Plan, the implementation of the plans is partial and incomplete (CHADD, 2018a, 2019b).

Unfortunately, with one third of students not receiving school-based interventions, two third lacking classroom management support, and one fifth encountering extreme challenges without assistance, students with ADHD are at substantial risk for academic failure and exclusionary discipline (DuPaul et al., 2011; Fabiano & Pyle, 2019).

In this study, the UPSLs needed more specialized staff. They also faced high staff turnover. Most participants had insufficient staff trained in ADHD intervention to help students with ADHD. School buildings with specialized teams were bogged down by staff turnover and district reliance on itinerant staff members. The participants were frustrated with supervisors and teachers who lacked the knowledge of ADHD characteristics and intervention strategies to address the needs of the students. The research literature has documented mixed findings on educators' knowledge regarding the characteristics, etiology, and management of ADHD worldwide (Greenway & Edwards, 2020).

In assessing teachers' awareness of and perspectives toward ADHD in Trinidad and Tobago, Youssef et al. (2015) conducted a cross-sectional descriptive survey. When asked questions about ADHD, teachers only answered correctly 45% of the time (Youssef et al., 2015). In contrast, Mohr-Jensen et al. (2015), in exploring what elementary and high school Danish educators know about ADHD, utilized a study-derived 29-item questionnaire about ADHD to a random sample of 528 Danish elementary and high school teachers nationwide. The researchers reported a high score of 79%–96% for teachers who correctly identified the characteristics of ADHD, and 75%–98% of teachers responded to understanding classroom intervention strategies. However, in the United States, there is a need for training in understanding the process, in behavior related to ADHD, and the appropriate staffing of schools with professionals and

retention were issues highlighted by the UPSLs that needed to be addressed for the smooth service process to ADHD students.

Research Finding 3. Trapped in Regulations and Procedures

The results of Theme 3 documented that the UPSLs were trapped in existing policies and procedures in decision-making for students with ADHD. Most participants talked about the need to create an opportunity for every child to succeed. The UPSL participants described how, in their experience, students are mislabeled. Mandated plans do not provide intervention strategies for students with ADHD but they focus only on the problem. According to Fabiano and Pyle (2019), "current school structures and special education policies are not optimally situated to support and adapt to the inconsistent behaviors that are the hallmark of children with ADHD" (p. 1).

Yet, the UPSLs were caught up in goals, rules, responsibilities, and compliance mandates that did not support the behavioral and academic well-being of students with ADHD. This finding reflects a dominant structural frame approach to leading an organization (Bolman & Deal, 2021). The structural frame views organizations as factories or machines with the sole purpose of running smoothly. This perspective is rooted in Frederick Taylor's (1911) scientific management approach and the German economist and sociologist Max Weber's (1966) concept of bureaucracy as a new phenomenon different from a patriarchal organization (Bolman & Deal, 2021). Bolman and Deal (2021) posited that effective organizations establish strategies that set measurable goals, tasks, and responsibilities and create systems and procedures through policies and reporting lines. Structural leaders solve organizational problems with new policies and regulations or through restructuring (Bolman & Deal, 2021). However, alternative frameworks, such as human resources, politics, and symbolism still need to be fully utilized, and should

school leaders use them, they could likely respond flexibly to multiple administrative challenges and be able to interpret situations differently.

Research Finding 4. Empower with ADHD Knowledge and a Menu of Strategies

Being provided with ADHD knowledge and a menu of strategies was explained as necessary to support students with ADHD. In this research, most of the UPSLs and their staff did not experience any form of ADHD-specific professional development training. Despite this lack of training, the teachers were involved in referrals and used diagnostic questionnaires as trusted sources to recognize ADHD behaviors in students, for parent communication, and in the implementation of interventions plans (Corkum et al., 2019; Sciutto et al., 2016; Sherman et al., 2008;). A few participants reported knowledge of ADHD through interaction with specialized staff, students, physicians, and reading literature. They felt that providing ADHD knowledge was crucial to improving academic and classroom management decisions.

The participants felt inadequate when sitting in meetings and they could not contribute or understand the process, and they wanted better training and support in ADHD. This finding is supported by a study where it was found that 68%–70% of teachers and teaching assistants reported inadequate training, and 92%–96% said they wanted more training (ADHD UK, 2017; Greenway & Rees Edwards, 2020). However, the Topkin et al. (2015) study of primary school teachers' knowledge of ADHD stated that continuous training is needed to ensure that educators are prepared to address different behaviors in the learning environment. Despite the findings from previous studies that training improves teachers' knowledge and attitudes toward providing support for students diagnosed with ADHD, research has indicated that the present traditional training methods are effective only in the short term. The effectiveness declines over time, necessitating a new approach to provide long-term solutions (Ward et al., 2021).

Aligning the Findings with Bolman and Deal's Four-Frame Theoretical Framework

This research study was grounded on Bolman and Deal's (2021) four-frame organizational leadership. As detailed in Chapter 1, Bolman and Deal (2021) described the four-frame theory of leadership through a perspective of "structural, human resource, political and symbolic" (p. 20) processes when making decisions. Each frame is "a coherent set of ideas forming a prism or lens that enables leaders to see and understand more clearly" (Bolman & Deal, 2021, p. 45).

The structural frame emerged as the dominant frame the participants used in their decision-making processes to support students with ADHD. The structural frame "emphasizes goals and efficiency" (Bolman & Deal, 2021, p. 51). In this study, the UPSL participants were focused on the district's goals, responsibilities, policies, and procedures. Structural changes at the district's central office promoted structural changes throughout the organization. The participants reported established systems set with measurable goals, tasks, and responsibilities through district policy reporting channels. The leaders of the school buildings followed rigidly the policies and regulations from upper management to solve problems. For example, referrals for disciplinary issues, RtI teams, special education processes, IEPs, and 504 Plans guided by centralized CSE chairs make the final student support decisions. This finding supports Bolman and Deal's position on the structural framework that effective organizations establish strategies to set measurable goals, tasks, and responsibilities and create systems and procedures through policies and reporting lines.

In this study, only a few participants mentioned building capacity, redefining relationships, and allowing trust among staff and administrators developed through a cohort system. They reported clearly defining the challenges and being flexible in accommodating

staff's basic needs in assisting students with ADHD. This finding collaborates with Bolman and Deal's (2021) human resource framework. The human resource frame focuses on employees' basic needs and assumes that organizations that meet the basic needs of employees will perform better. Human resource leaders define challenges in relational terms and seek ways to adjust organizations to fit individuals' needs through training and workshops (Bolman & Deal, 2021).

A few participants, in their decision-making processes, also reported on the political framework. The participants commented throughout the interviews on the intent behind the shared support system for students with ADHD. The political frame focuses on the political realities within and outside organizations (Bolman & Deal, 2021). The respondents mentioned how they advocated for students and negotiated conflicts at the referral level with teachers and the district-level special education department. Also, they described their collaborative efforts with parents and medical experts in bringing all stakeholders together to support students with ADHD.

This finding aligns with Bolman and Deal's (2021) assertions that political leaders are advocates and negotiators who value logical and reasonable ways of addressing problems. Political leaders concentrate on interfacing, compromising to achieve consensus, and building a power base by creating an alliance with stakeholders (Bolman & Deal, 2021).

However, the symbolic frame was barely mentioned by the participants in this study. This frame views the organization as a unique culture or ceremony in which leaders must provide meaning (Bolman & Deal, 2021). The fact that the symbolic frame was barely mentioned begs the question as to how the UPSLs articulated their vision and goals to stakeholders (e.g., staff, the community, and their supervisors) given that they were responsible for communicating their school's vision to all stakeholders. Bolman and Deal (2021) described a symbolic leader as

sharing a vision and leading by example. Symbolic leaders pay attention to myths, rituals, ceremonies, and stories, instilling a sense of enthusiasm through presence and drama (Bolman & Deal, 2021). Bolman and Deal (2021) asserted that it takes time, effort, and feedback to develop a multi-frame mindset, but the benefits of the UPSLs to have the ability to apply appropriate frames to solving diverse situations with students with ADHD cannot be overemphasized.

Limitations

The dissertation only had participants from one single school district within the Big 5 conference. Therefore, whether these findings could be generalized across the six other districts is unknown and creates a limitation. The respondents to the invitation to participate from the other districts within the Big 5 conference did not meet the eligibility criteria. Therefore, this study reported on the knowledge, experience, and feelings of one of the seven districts in the New York State Big 5 conference.

The second limitation was the researcher's inability to triangulate the data completely with all participants. Only two of the eight UPSLs participated in member checking the transcripts to provide feedback on the analysis of the data collected; hence, the triangulation of the findings were incomplete. However, consistent with methodological approaches, the researcher followed the practice of epoché (bracketing away preconceptions) to check for any bias in the study because of the researcher's ethnicity, gender, education, or experience (Creswell & Poth, 2018).

This study was primarily focused on understanding the UPSLs' views and practices around supporting students diagnosed with ADHD. A few participants mentioned students with ADHD and other disorders combined. This study focused on one condition alone, which was ADHD, and it did not take into consideration any comorbid condition. Therefore, the

comorbidity implications of other conditions, such as learning disabilities, autism spectrum disorder, and conduct disorders, which might impact these findings, were not ascertained in this study.

Recommendations

While many areas of ADHD have been studied extensively in educational settings, few studies have addressed school leaders' perspectives regarding the challenges encountered and strategies utilized to support students with ADHD. Most research has focused on teacher knowledge and perceptions (Bardi et al., 2021; Dwarika & Braude, 2020). Recommendations based on this study may benefit policymakers, school leaders who design and administer programs and middle and high school administrators who supervise staff who support students with ADHD. This section provides suggestions for future research, the service provision process, decision-making process, and staff training support needs. Table 5.1 includes a summary of recommendations and supporting sources.

Recommendations for Future Research

First, future research is needed to investigate how UPSLs in the Big 5 conference district in New York State supported middle and high school students diagnosed with ADHD. While the participants in this study shared similar experiences, they were all from one district that was guided by the same structure. Those who were school administrators wanted a simplified process for obtaining services for students with ADHD. All the participants spoke of the importance of all the individuals supporting students with ADHD to be trained and to have knowledge of ADHD-related behaviors and strategies to address them.

Table 5.1

Summary of Recommendations and Reasons

Recommendations For	Recommendation	Recommendation Reasons
Researchers	Further research on the practices of UPSLs in the other six districts in the conference of Big 5 districts in supporting students with ADHD should be examined.	Research Question 1. While the participants in this study shared similar experiences, they were all from one district guided by the same structure out of the 7 districts in the BIG 5 conference.
	Additional research should be directed toward understanding the impact of comorbid diagnoses and complex needs in supporting students.	ADHD is a highly comorbid disorder with neurodevelopmental conditions that may impact the school context in unknown ways (Reale et al., 2017).
Policymakers	Provide technical assistance to clarify guidance documents. Monitor and enforce applicable state and federal laws to ensure practices are administered equitably.	With one third of students not receiving school-based interventions, two third lacking classroom management support, and one fifth encountering extreme challenges without assistance, students with ADHD are at substantial risk for academic failure and exclusionary discipline (DuPaul et al., 2011; Fabiano & Pyle, 2019).
	Include in the New York State special education certification programs requirements for training in ADHD symptoms and intervention strategies.	Research Finding 4. UPSLs and their teachers did not experience any form of ADHD-specific professional development training
Central Office Leaders	Decentralize the special education CSE process, recruit more qualified professionals, and provide incentives for retention.	Research finding 2. Participants reported facing a long process for expert guidance and support from the centralized special education department.
	Provide a continuum of training for all staff supporting students with ADHD with the knowledge and skills for interventions.	Research Finding 1. UPSLs lacked knowledge of ADHD characteristics, special education services, and accommodations.
Grade 6–12 Education Leaders	Leaders should adopt Bolman & Deal's multi-frame perspective in addressing different situations.	Research Finding 3. Participants were caught up in goals, responsibilities, and compliance mandates on policies and procedures. This finding reflects a dominant structural frame approach to leading an organization (Bolman & Deal, 2021).

Second, this study primarily focused on understanding UPSLs' views and practices concerning providing services for students diagnosed with ADHD and staff support. Although a

few participants mentioned children with ADHD and comorbid conditions, the perspectives on supporting students and staff training focused on ADHD alone. However, the comorbidity of other conditions might impact this study, such as learning disabilities, autism spectrum disorder, and conduct disorder. Further research should be conducted to understand the impact of multiple-disorder diagnoses and the inherent needs of students with ADHD.

Recommendations for Special Education Policymakers

The first recommendation for policymakers is to provide appropriate resources and technical assistance with clear guidance and monitoring, and enforce applicable laws to ensure practices are administered equitably. All participants in their experience shared the need for more qualified professionals to assist with the process. Students diagnosed with ADHD are expected to be provided with services under the individual accommodation plan under Section 504 if their learning is significantly impaired in school as the result of ADHD. According to the law, this process must be guided by qualified professional staff collaborating with parents. Although 504 Plans tend to be accomplished faster and provide services in the general education classroom, developing both documents (IEP or 504 Plans) demands expert knowledge and guidance. Unfortunately, the participants reported a lack of specialized staff and difficulties accessing specialists' advice and support.

There should be an urgent drive to recruit qualified staff, ADHD-specific training for existing staff, and technical assistance in working through and understanding the process. Policymakers need to recognize the frustrations expressed by the participants about the complex process and amount of paperwork involved in meeting the eligibility requirements for the students with ADHD in this study. The legislation does not address significant barriers to providing services for students with ADHD, classified as OHI. Most of the participants

experienced obstacles in supporting the needs of students with ADHD because of a lack of knowledge and prompt access to experts.

Another recommendation for policymakers is to include requirements for training in ADHD symptoms and intervention strategies in the New York State special education certification programs. At the time of this writing, educators must take continuing teacher and leader education courses that are focused on improving the teachers or leaders' instructional and leadership skills, and they do not include ADHD-specific requirements for certification. Lastly, policymakers should have a robust way of monitoring and enforcing compliance with the legislation. While state education departments must provide funding, technical assistance, and clarification of the process, the state should hold districts accountable by enforcing the laws where necessary.

Recommendations for Central Office Leaders Who Administer the Program

The recommendations for central office leaders are to decentralize the special education CSE process, recruit more qualified professionals, provide incentives for retention, and provide a continuum of training for all staff supporting students with ADHD with the knowledge and skills to perform interventions. The participants experienced how difficult it was to access support from the special education department for help. District leaders should be intentional and proactive in building capacity in the school buildings rather than to be reactive and trying to build capacity after the fact. Finally, creating an enabling environment for a close working relationship between the school, parents, and health professionals will ensure that students with ADHD receive the proper support.

Recommendation for Grade 6–12 Education Leaders

Leaders should adopt Bolman and Deal's (2021) multi-frame perspective in addressing different situations. In this study, most of the UPSLs restricted their decision-making to Bolman and Deal's (2021) structural frame. The participants described their interactions with stakeholders based on rules, metrics, responsibilities, and procedures. Bolman and Deal argued that influential leaders view their organizations through two or more frames of reference, framing organizational problems as either being structural, within human resources, political, or symbolic, based on the nature of the problem and organization. In the participants' view, if leaders work with only one frame of reference, they risk being ineffective. The objective is to keep the approach to leadership open and make judgment calls on the most appropriate behavior at that moment (Bolman & Deal, 2021). Using the same frame will only work in some situations. Instead, the right questions should be asked and critical issues should be reviewed.

Conclusion

This study sought to discover the practices retired UPSLs used to support middle and high school students diagnosed with ADHD, by examining which of Bolman and Deal's (2021) four-frame constructs were dominant in the systems used to support middle and high school students diagnosed with ADHD. Answers were also sought for district-level supports, such as professional learning experience, to help staff working with students diagnosed with ADHD. Supported by the literature, this study tells us that UPSLs lack the knowledge and support to assist students diagnosed with ADHD. Although UPSLs are not monoliths, many similarities exist relating to their views and practices in this study.

This study's literature review revealed a gap in school educators' perspectives on students diagnosed with ADHD, particularly urban leaders. It highlighted the limited number of

qualitative method studies in the large body of literature. Only three of the 12 articles that met the criteria for inclusion used a qualitative method for their research (Dwarika & Braude, 2020; Indri Hapsari et al., 2020; Russell et al., 2019), and two mixed-methods studies met the criteria for inclusion (Wiener & Daniels, 2016; Sibley et al., 2020). The remaining 26 articles utilized quantitative methods for their studies, which was noticed during searching and identifying themes for this review. Nevertheless, the literature review results are significant for developing a deeper understanding of educators' knowledge of the symptoms and behavior of students with ADHD, with most articles indicating limited knowledge. Also, poor student-teacher relationships can result from a lack of understanding of the features and behaviors related to ADHD. However, the reviewed studies on behavioral and pharmacological interventions indicated promising outcomes for students with ADHD in the school setting domain.

A transcendental phenomenological design was chosen for this study to capture the lived experiences of retired UPSLs in the Big 5 conference districts in New York State. Open-ended, semi-structured interviews via Zoom were utilized to obtain descriptions from the retired UPSLs and to learn the meaning of the problems from the participants concerning their understanding of the studied phenomenon. Following Moustakas's (1994) methods and procedures for conducting research and literature reviews, questions were developed to guide the interview process. In addition, the researcher's memo notes and a demographic questionnaire provided further information. Indeed, "phenomenology seeks meanings and appearances and arrives at the essences through intuition and reflection on conscious acts of experience, leading to concepts, judgments, and understandings" (Moustakas, 1994, p. 58).

Data analysis was performed using van Kaam (year) methods adapted by Moustakas (1994) and it produced several textural and structural themes. Two themes described the systems

used by the UPSLs in supporting students diagnosed with ADHD (Research Question 1). Understanding best practices and developing relationships with medical practitioners was cited as necessary. While a system riddled with inadequacies and frustrations was identified by the UPSLs as an obstacle, themes emerged, such as the participants being trapped in regulations and procedures (Research Question 2) and empowering the UPSLs and teachers with ADHD-specific knowledge, and a menu of strategies was cited as the support needed.

As a result of the research findings, the implications were discussed, and recommendations for future research were suggested. The UPSLs shared the need for a more simplified process and expert guidance for supporting students with ADHD. The participants mentioned the need for ADHD-specific training and mentoring support. Additional research focused on the practices of UPSLs in the other six districts in the Big 5 conference districts in supporting students with ADHD will add to the body of knowledge on the systems that can provide adequate services for students. This study focused on ADHD, but additional research directed toward understanding the impact of comorbid diagnoses and complex needs in supporting students will be helpful.

Next, several recommendations were made, specifically for policymakers and leaders regarding the lack of qualified professionals to assist with the IEP or 504 Plan process. Provide appropriate technical assistance resources to clarify, guide, monitor, and enforce applicable laws to ensure practices are administered equitably. Add requirements for training in ADHD-related behaviors and intervention strategies into the New York State special education certification programs. Decentralize the CSE process, recruit more qualified professionals, provide incentives for retention, and provide a continuum of training for all staff supporting students with ADHD. Understanding the reasons behind certain behaviors for individual students will help educators

understand specific triggers or needs of the students. Finally, leaders should adopt Bolman and Deal's (2021) multi-frame perspective in addressing different situations.

Policymakers and administrators need to provide resources in the form of technical assistance to guide and support the special education process. Allow for flexibility, monitoring, and enforcement of the existing state and federal laws that have been enacted to ensure students with ADHD are provided with the services they need to function in the educational setting. They should also review the process of teachers and school leaders' certification. In addition, equipping school leaders and their staff with training and mentoring that is prompt, accessible, and open to all staff, when supporting students with ADHD, would be more relevant and utilized, rather than one mandated professional development session at the beginning of the school year. Finally, the opportunity to discuss and role play suggested strategies with seasoned mentors, followed by feedback, will enable staff to support individual students competently.

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Appendix A

Demographic Questionnaire

Thank you for accepting the invitation to participate in this study. Please note that you can opt-out from answering any of the demographic question by skipping to the next question.

1. **Name:** _____
2. **Contact email or phone**: _____
3. **Gender:** _____
4. **Racial or Ethnic Background:** _____
5. **Professional Background:** _____

Previous Position or Title	Length of Time in Position	School District	Year Retired

Reporting Structure – To whom did you report?

a. superintendent _____

b. deputy superintendent _____

c. chief of schools _____

d. executive director _____

e. director _____

f. principal _____

Did you receive ADHD Training?

a. Yes _____

b. No _____

Appendix B

Interview Protocol: Questions/Process

Opening:

Good morning/afternoon; thank you for taking the time to participate in my research study. I look forward to a robust conversation about your experience as a retired urban district leader supporting middle and high school students diagnosed with ADHD. As a reminder, the interview will be recorded. This interview is estimated to last 45 minutes. In the rare event that the 45 minutes is up before the end of the interview, the researcher will ask you if you still wish to continue with the interview, and if you say no, the researcher will end the interview. You and your institution will be given a pseudonym to protect your identity and confidentiality.

Interview Questions

1. Please describe an example of when you felt a student with ADHD was provided appropriate support through a 504 Plan or IEP process.

   a. What supports, in your view, aided the process?

2. Describe an example of when you felt the educational system did not adequately support a student with ADHD.

   a. What barriers, in your view, impacted the process?

3. Please describe the process of providing services for students with ADHD in your district during your tenure.

   a. What is your perception of this process?

   b. Are there any factors that were going well with this process?

   c. Are there any barriers that interfered with the process?

4. Describe the process you typically followed when making decisions in supporting students with ADHD. This process may include policies, human resources, community networks, and cultural symbols.

   a. What policies and strategies did you coordinate?

   b. How did you empower your team?

c. How did you network with the major stakeholders in the community?

d. Share if you used compelling stories in this process.

5. Describe some of the challenges you encountered when providing services for students with ADHD who needed to be changed.

   a. How did support for students diagnosed with ADHD affect you?

6. What training should be provided for the new generation of professionals supporting students with ADHD?

Concluding Questions

1. Is there anything I didn't ask that you would like to share about your experience during your tenure in supporting students diagnosed with ADHD?

Appendix C

Letter to Retired Administrators

Date

Dear _____

I am a student in the Executive Leadership Doctoral Program at St. John Fisher University. As part of my doctoral dissertation, I am researching leadership perceptions and practices in supporting urban middle and high school students diagnosed with ADHD. I am trying to capture thoughts on how retired district leaders viewed this topic during their tenure. My goal is to interview eight retired district administrators via Zoom. Participating in the interview will take approximately 45 minutes. I have attached a flyer to invite potential participants to the study. Please consider participating and distributing the flyer to your retired colleagues who fit the flyer eligibility criteria and who you think will be interested in participating.

If you are interested in participating or have any questions, please contact me using the contact information in the flyer or by responding to this email.

I appreciate your support,

Stanley Ekiyor

Doctoral Student
St. John Fisher University

Appendix D

Study Invitation Flyer

Exploring Leadership Perception and Practices in Supporting Middle and High School Students Diagnosed with ADHD.

You May Qualify If You

- Retired from public school service in the past five years (2017 to 2022),
- A retired urban district administrator in New York State with experience supporting students with ADHD.
- Willing to voice your experiences of supporting students diagnosed with ADHD.

What is expected from the researcher?

- Your identity and privacy will be maintained at all times.

Participation involves

- Completing a brief demographic questionnaire in Qualtrics
- An interview with the researcher estimated to last 45 minutes via Zoom.
- May be contacted via email to verify answers provided in response to questions.

Location: ONLINE-Zoom

If you are interested in participating in this research study, please call or text Stanley Eki[redacted] or [redacted].edu

Appendix E

Participation Invitation Letter

Dear Invitee,

Thank you for contacting me. I am requesting your participation in this doctoral research. As you have seen in the flyer, this study explores leadership perceptions and practices supporting urban middle and high school students with ADHD. This research involves completing a brief demographic questionnaire and participating in a 45-minute, Zoom interview. Participants must have had experience working in an urban district in New York State with students diagnosed with ADHD, retired from public school service within the past 5 years (2017–2022), and be willing to voice their experiences supporting students diagnosed with ADHD. Participants may be contacted via email to verify answers provided in response to questions.

If you meet the criteria and are interested in participating in the study, please read the informed consent form and click on the "Agree" button below the form to indicate your consent to participate in this study. At that point, the software will open a brief demographic questionnaire for you to complete (link to form). I will receive an email notification once the consent and questionnaires are completed. I will follow up with you within 48 hours of receiving the email notification to schedule a time at your convenience to conduct the interview.

If you have questions or need more information, please don't hesitate to contact me by phone or text at ___-____-____ or email at _____@sjfc.edu.

Thank you,

Stanley Ekiyor

Doctoral Student
St. John Fisher University