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# ADHD, parent perspectives and parent—teacher relationships: Grounds for conflict

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## Abstract

Educational policy and the school effectiveness movement often involve rhetoric about the benefit of parent involvement in schools, but high quality relationships between parents and teachers are not always straightforwardly achieved, and this may be particularly true for parents of children presenting with academic problems and/or Social, Emotional and Behavioural Difficulties (SEBD). A systematic review of qualitative research was conducted to explore the school-related experiences of parents of pupils diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Six studies reported in seven papers met the inclusion criteria. High quality parent—teacher relationships were found to be the exception, with mothers feeling silenced and criticised. Findings show commonalities with wider research about parents, but identify additional grounds for conflict resulting from parental blame for a pupils' disruptive behaviour, and the ambivalent nature of the concept of ADHD.

## Introduction

The marketisation of education (Corbett & Norwich, 1997; Crozier, 1997), policy change (Tan & Goldberg, 2009) and the school effectiveness movement (Sanders & Epstein, 1998) support parental involvement in children's education. Teacher reports of high quality parent—teacher relationships are associated with higher levels of child adaptive functioning, lower externalising behaviour (Kim, Sheridan, Kwon, & Koziol, 2013) and less student—teacher conflict (Thijs & Eilbracht, 2012). Higher levels of teacher contact with parents has been associated with increased student academic adjustment at the elementary and middle school levels (Seitsinger, Felner, Brand, & Burns, 2008).

However, positive parent—teacher relationships are not always straightforward. Teacher expectations for parental behaviour may be based on Western characterisations of parenting where “good” equates to married, middle-class, and white (Lasky, 2000). A judgment of “bad” parenting can be made by teachers without any knowledge of actual home life or appreciation of differences in cultural values, lack of time/health and/or financial constraints (Lasky, 2000; Crozier, 1998). Thus, it is not surprising that studies of parent—teacher relationships often find higher quality relationships between teachers and parents with shared ethnicity, socio-economic status and/or class (Thijs & Eilbracht, 2012; Waanders, Mendez, & Downer, 2007; Crozier, 1998).

Further barriers to positive parent—teacher relationships occur when pupils exhibit academic difficulties and/or disruptive behaviour in the classroom. Outside the norms for parent—teacher interaction, for example annual parent—teacher conferences, teachers may only contact parents in response to a behavioural or academic difficulty (Tan & Goldberg, 2009; Adams & Christenson, 2000; Seitsinger et al., 2008). When parents and teachers attempt to resolve a problem without an established relationship, they are more likely to develop negative attributions towards one another (Adams & Christenson, 2000). Broomhead (2013) found that UK teachers attributed disruptive behaviour shown by pupils with Social, Emotional and Behaviour Difficulties (SEBD) to poor parenting, establishing another potential barrier to trust on both sides. Indeed, parents of pupils with SEBD in Broomhead's study reported feeling blamed for their children's behaviour. At the same time, pupils regarded as disruptive by teachers may particularly benefit from high quality parent—teacher relationships (Thijs & Eilbracht, 2012). Therefore further exploration of parent—teacher relationships for this group are especially salient. This paper reviews studies that explore parent—

teacher relationships for a subset of pupils known for experiencing academic difficulties and displaying disruptive behaviour in the classroom: pupils diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).

## What is ADHD?

The current Diagnostic and Statistical Manual of Mental Disorders describes ADHD as a neurodevelopmental disorder characterised by age-inappropriate levels of inattention, impulsivity and hyperactivity (American Psychiatric Association, 2013). The aetiology of ADHD is complex and may be most clearly understood as involving the interplay of biological, psychological and social factors (Barkley, 1990). Studies have shown different estimates of prevalence according to study methodologies and clinical practice (Russell, Rodgers, Ukoumunne, & Ford, 2013; Reid, Hakendorf, & Prosser, 2002), and the syndrome involves additional uncertainties, such as the ethics of prescribing drugs to children over the long term and the lack of a biomedical indicator to substantiate diagnosis. Such uncertainties have stimulated considerable debate and sometimes conflicting views over the disorder's validity within and between researchers, the media, practitioners and parents (Pajo & Cohen, 2012). For example, in O'Regan's recent study in the UK (2009), 50% of General Practitioners and 20% of Special Educational Needs Coordinators did not believe that ADHD was a "real neurological condition" (p. 4). Such difference in opinion about the nature of ADHD can be seen to pose yet another potential barrier to establishing high quality parent—teacher relationships. Disagreement over ADHD often revolves around issues of causality – whether ADHD symptoms result from biological or sociological sources – and different beliefs lead to different decisions about treatment (Hughes, 2007). In the case of ADHD, not only is the pupil's academic or behavioural difficulty a problem for which a solution needs to be worked out between parents and teachers; to work constructively together they must also negotiate the nature of the pupil's ADHD and how this impacts an appropriate response.

This paper reports part of a series of systematic reviews exploring non-pharmacological interventions for ADHD in schools (Authors, in publication). Originally used to synthesise quantitative trial data, systematic reviews of qualitative research are gaining credibility for their capacity to explore questions about processes of interventions, the socio-cultural contexts in which interventions take place and how these may interact with intervention effectiveness, as well as the perceptions people have about conditions, treatment and service (Pearson, 2004). The studies reviewed in this paper are part of a systematic review of qualitative literature exploring school-related experiences of ADHD. In this paper we report the findings of one of the research questions, "What are the school-related experiences and perceptions of parents of pupils diagnosed with ADHD?"

## Methods

The methods used to identify and select studies to be reviewed followed those published by the Centre for Reviews and Dissemination (2009). The search strategy involved:

- search of electronic databases,
- qualitative papers identified during the wider project,
- forward and backward citation chasing,
- web searches,

- hand searching of key journals, and
- consultation with experts in the field.

The database search strategy combined three elements: terms related to ADHD, terms related to a school context and a bespoke qualitative research filter. Twenty electronic databases were searched during July 2012. Searches were updated in March 2013. Endnote v.X5 (Thomas Reuters, CA, USA) reference management software was used to organise the search results, screening and full text retrieval processes.

Studies were included that focused on the school-related perceptions and experiences of parents of pupils diagnosed with or at risk of ADHD aged between four and 18 years. Only primary research using qualitative data for collection and analysis were included. Studies from countries outside the OECD, or that were not written in English, were excluded. Because the purpose of the wider study was to provide evidence for UK health practice, we decided that the importance of context for the formation and influence of attitudes meant studies from societies and educational systems markedly different from the UK would be less informative. Finally, studies that were conducted before 1980 were excluded reflecting significant changes to the diagnosis of ADHD that year (APA, 1980). Six studies reported by seven papers met inclusion criteria. Figure 1 illustrates the study selection process for the larger qualitative review of school-related experiences; Review 4c, on parent perspectives, is the focus of this article. Two reviewers carried out title/abstract screening and full text screening independently for each record, and disagreements were resolved through discussion.

Data was extracted using a form adapted from a previous systematic review (Husk, Lovell, Cooper, & Garside, 2013) and was piloted by two reviewers. Quality appraisal was conducted during data extraction using a checklist adapted from Wallace et al. (Wallace, Croucher, Quilgars, & Baldwin, 2004) consisting of 14 sensitising 'prompts' designed to raise reviewer awareness of methodological aspects of each study rather than as a basis for differential study weight or exclusion (Dixon-Woods, Shaw, Agarwal, & Smith, 2004). One reviewer extracted data and another reviewer checked the extraction; quality appraisal was conducted independently by two reviewers, and disagreements were resolved through discussion.

Data analysis and synthesis broadly followed the principles of meta-ethnography (Noblit & Hare, 1988) in a process of 'translation' between studies, where the metaphors/themes/categories from each study were compared. A 'line-of-argument' was created by synthesising findings across studies into a coherent whole. Although described linearly, in actuality the process was cyclical and iterative.

We found it useful to distinguish between first, second and third order concepts (Schutz, 1971) to clarify the process and levels of analysis. The experiences described by study participants are first order concepts; the theorisation of these experiences by researchers are second order concepts; the theorisation of reviewers in combining findings across studies are third order concepts. It is worth highlighting, however, that these categories are not completely discrete, for example researchers choose what to quote from participant transcriptions, and thus first order concepts reported in studies involve researcher perceptions.

We selected an index paper to act as an organising thematic reference against which other studies could be compared (Campbell et al., 2011). For first order concepts and/or more descriptive second order concepts that were not represented by index paper themes, thematic analysis was conducted

to create themes (Smithson, Garside, & Pearson, 2011). Thematic analysis and translation between study themes were supported by software, where NVivo coding and refinement capacities were applied to extracted data and the developed codes were used to create and refine concept maps in Microsoft Word.

The process of analysis involved:

- Reading and re-reading the included studies;
- Determining how the studies were related using structured summaries (Popay et al., 2006);
- Translation of studies through comparison of index paper themes, thematic analysis and the creation and refinement of concept maps; and
- The creation of a line-of-argument, or overarching theme. This was accomplished by printing out the concept maps, cutting apart each theme and asking the question 'What is this really about?' with answers written on the reverse. Third order themes were developed from answers.

The transferability of interim findings was explored through dissemination to a support group for parents of children with ADHD. Parents stated that many of the themes identified were familiar to them, demonstrating the potential for transferability of the findings from this review.

## Findings and discussion

A total of six studies reported in seven papers met the inclusion criteria (Carpenter & Austin, 2008; Hibbitts, 2010; Malacrida, 2001; Malacrida, 2004; Margalit, Raskind, Higgins, & Russo-Netzer, 2010; Reid, Hertzog, & Snyder, 1996; Watson, 2011). Summaries of included papers are shown in Table 1. Despite the increasingly complex family structures associated with modern western cultures, the studies reviewed here did not reflect such changes. With the exception of two fathers in Reid *et al.*'s (1996) study, all the parents in included papers were mothers of children professionally diagnosed with ADHD. A number of authors (Malacrida, 2001; Watson, 2011; Carpenter & Austin, 2008) commented on cultural beliefs that hold mothers accountable for the work of parental nurturing (Carpenter & Austin, 2008). Perhaps for this reason, research on parenting and ADHD often focuses on mothers, through both purposive sampling by researchers and self-selection by mothers. We will refer to 'mothers' or 'fathers' rather than 'parents', except where findings relate to both mothers and fathers. Participants described their experiences of interacting with a range of educational staff, including classroom teachers, head teachers, special needs coordinators and school counsellors, both one on one and in school team meetings. Only Margalit *et al.* (2010) did not explicate the theoretical framework employed in their study. Overall the quality of the studies was good, with all six studies scoring a 'yes' on 10 or more of the 14 quality appraisal questions (appraisal questions and scores are available from the corresponding author).

Relationships between the process of study translation and the creation of a line-of-argument are shown in Table 2. Hibbitts' study (2010) was chosen as an index paper that acted as an organising framework. Malacrida's (2001) themes of resistance were added during the process of translation. Finally, a theme, 'Schools as sites of the origins of ADHD', was added following thematic analysis.

### Overarching theme: Mothers were silenced

The overarching theme of the review was "Mothers were silenced". The index paper (Hibbitts, 2010) identified 'Silencing' – both by others and self-silencing – as a theme. Although the other included

papers did not discuss experiences specifically in terms of silencing, the experiences described by mothers and conclusions drawn by researchers were congruent. Silencing was a process involving social and political judgements of what was acceptable and unacceptable (Hibbitts, 2010). Hibbitts described communication with teachers as,

***Canadian mother of a son diagnosed with ADHD:*** The schools did do a lot of talking to me and I did little talking back. Most often, I did as I was told. (2010, p273)

Silencing was related to societal expectations for mothers. Authors of included papers frequently commented on the way the problem behaviour of a child encouraged others to make negative judgements not only about the child, but also about the child's mother. Carpenter and Austin (2008) described the historical growth of the myth of "patriarchal motherhood" including such ideology as, most relevantly for studies of ADHD, "the measure of a mother is her child". The authors remarked that despite the inappropriateness of these beliefs to 21<sup>st</sup> century western culture, their interviews with mothers suggested these beliefs are still commonly present in both men's and women's value systems. Thus, stigma for ADHD involves what Goffman (1963) calls 'courtesy stigma' – stigma for those affiliated with someone who is stigmatised. Feelings of stigma from professionals (both educational and health), peers and family for their child's behaviours formed a focal point for the included papers in this review. Both the discussions of silencing and 'mother-blame' above touched on a finding that recurs across the included papers: that of the 'lose—lose' nature of the interactions. Regardless of the way that mothers sought support for their children, or the way they interacted with school staff, almost universally they describe experiences of frustration and dismissal (Malacrida, 2001).

Three sub-themes to the overarching theme 'Mothers were silenced' were identified; 1) Dashed expectations; 2) parent—teacher conflict was the norm and 3) escalating resistance. Each will be discussed in turn below.

### **Dashed expectations**

This subtheme established the nature of expectations that mothers from included studies expressed for their children's education, and how the breach of these expectations led to escalating attempts to intervene in the way their children were being educated. Hibbitts (2010) identified expectations as a theme; as university graduates both she and her husband had hopeful but not ambitious expectations for their own children at school. She hoped they would learn to 'fend for themselves as adults' (p. 248) and that they would experience the same sort of positive school experiences she and her husband had. Her hopeful expectations became despair; not because of the nature of her children's behaviour at school, but because of the schools' poor performance in educating them.

The expectations of mothers involved the wellbeing, education and socialisation of their individual child; they expected their child to be reasonably happy at school. Several mothers cited their child's unhappiness as a primary reason they attempted to intervene at school;

***Australian mother of a son diagnosed with ADHD:*** He was very pale, he was very, he was more emotional, he was starting to pull eyelashes, he developed a tick, and I thought he's obviously stressed. He's more stressed than he should be ... and he was saying 'I would rather be dead than go to school'. (Carpenter & Austin, 2008, Reviewer edits)

Malacrida (2001) argued that the primary motivation for mothers' work to support their children in schools was 'a desire to protect and care for their children',

**British mother of a son diagnosed with ADHD:** I knew that Tom wasn't a bad boy, because at home I had seen how loving and really how lovely he could be. And as time wore on, I could see that side of him quite simply fading away. It was that hope that I could salvage the good part of him that kept me going. (Malacrida, 2001, p161)

Malacrida (2001) further argued that women acted to challenge medical, psychiatric and educational professionals because they perceived experiences in school to be important to their children's wellbeing as well as academic attainment and qualifications, which motivated them to work hard to improve the situation in school for their children.

### Parent-teacher conflict was the norm

Three included studies described high quality parent—teacher relationships (Reid et al., 1996; Hibbitts, 2010; Margalit et al., 2010). Although Margalit et al. (2010) found the most commonly discussed topic on the web forum for mothers of children with ADHD and/or learning disabilities (LD) to be conflicts with schools, the authors write,

**Researchers:** *It may be concluded that the mothers' sources of stress revolved around their challenging conflicts with schools as well as directly from their children's learning difficulties, interventional needs, and behavior challenges. However, it is important to acknowledge that several mothers reported positive experiences with schools - expressing trust, satisfaction, and confidence that everything had been done to help their children such as, "They know my boy, and they want to be sure he reaches his fullest potential".* (p8)

Reid et al. (1996) and Hibbitts (2010) established just how powerful and effective relationships between teachers, parents, pupils and/or other professionals could be. A number of parents in Reid et al. (1996) described positive interactions with teachers, for example who initiated contact with parents in order to share positive information about a child, who developed personal expertise about ADHD and shared their knowledge with colleagues, who proactively worked with a child to establish strategies that could be put into place when the child began to lose control, and one special education coordinator who orchestrated a joint meeting between primary and secondary educators to support a child's transition between school levels. However, the authors characterised such positive descriptions by parents as 'the exception rather than the rule' (p84). Hibbitts described five teachers (a special needs coordinator, two head teachers, a classroom teacher and a school counsellor) over her son's school career whom she characterised as 'life lines' who 'saw him as a person, not a problem' (p167). Hibbitts dubbed them 'life lines' because she credits her son's success in remaining at school despite a growing sense of unfairness and rage in response to other teachers and peers, to these five teachers' support.

In summary, constructive relationships between parents and teachers were considered to be powerful in supporting pupils, however, they tended to be described as exceptions to the norm. Three reasons for difficulties were identified and will be discussed in turn below: feeling criticised, being different and perceptions that the origin of the problem was in the school.

### *Feeling criticised*

A number of mothers in included studies (Reid et al., 1996; Hibbitts, 2010; Malacrida, 2001) mentioned that school contact was prompted by problems in class; therefore, the initiation of communication by a teacher tended to be to report or resolve problems rather than for positive reasons. Further, the stance taken by teachers was often that of a professional giving advice or making requests rather than of discussion. Hibbitts (2010) described this as 'being told' rather than as a two-way conversation. Mothers reported being given instructions about many issues, from how to dress their children, to homework, to having them clinically evaluated. Both Canadian and British mothers in Malacrida's (2001) study described feeling pressured to take their child to be assessed for ADHD and/or treatment. Canadian teachers insisted pupils were clinically assessed, and British educators pushed for psychiatric evaluation of family issues as they perceived poor behaviour to be a sign of a troubled home life. Teachers exerted pressure through school exclusion, disciplining children 'unfairly' or via telephone calls and school meetings. Reid *et al.* (1996) and Watson (2011) characterised school-initiated communication about problem behaviour as concluding with the 'demand' that parents correct the situation, and a tendency to interpret any disagreement with teacher's requests as 'evidence of familial deviance'. Mothers found teachers' lack of interest in what could be understood to be a parent's "specialist knowledge" where their child was concerned, and teacher's attempts to impose decisions critical to their child's life upon them, to be insulting, maddening and/or hurtful.

Hibbitts (2010) identified teachers' constructions of themselves as professionals, superior to her status as an amateur parent, as a central reason for the conflict that she and her children experienced with schools, leaving her feeling ashamed, humiliated and angry. Watson (2011) framed her study using satire because the criticism and demands made by the school upon the mother 'inverted rationality'; other authors similarly concluded that educational professionals were judgmental towards mothers, wielding inequitable power relationships where both mother and child were devalued and stigmatised (Malacrida, 2001; Carpenter & Austin, 2008).

### *Being different*

Hibbitts (2010) identified two forms of being different that acted as barriers to parent—teacher relationships; Cultural Dissonance and "otherness". As an itinerant family who repeatedly moved across Canada following her husband's job in mining management, they experienced variation in local cultures, for example in terms of school clothing expectations and knowledge of local songs, that acted as grounds for misunderstanding. Hibbitts remarks that although the particular reasons for the Cultural Dissonance her family experienced were local, similar markers are likely to be present in all cultures. Hibbitts further distinguished "otherness" from cultural dissonance because it related more to characteristics of personal identity than familial differences. Two of three of her children had identified special educational needs (one with ADHD), and Hibbitts describes four of five of the family as 'persons of size'. Thus, Hibbitts concludes negative, prejudicial assumptions about her children and family were made in response to these factors, and exacerbated problems in communication.

Perhaps most importantly, studies across the review noted the potential for conflict between mothers and schools due to different notions of ADHD. Views differed within participant type as well as across them. Teachers and parents might hold biological or sociological attributional beliefs about ADHD, and these attributions impacted on views about diagnosis, medication and non-medical



treatment. For example, Hibbitts (2010) understood ADHD as one position on a normal continuum of diversity. Despite school policy celebrating diversity and inclusion, Hibbitts experienced teachers' approach to ADHD behaviour as being through a deficit model. Carpenter and Austin (2008) concluded that despite inclusive policies, schools remained ambivalent about the nature of ADHD and their responsibilities for response. Reid *et al.* (1996) echoed this conclusion by identifying the beliefs of school staff about ADHD to be of core importance, because they laid the foundation from which action was taken. Reid *et al.* (1996) and British mothers in Malacrida (2001) concluded that problems occurred when teachers did not recognise the syndrome of ADHD. However, Canadian mothers in Malacrida (2001) and a British mother in Watson (2011) described conflict because the school desired ADHD diagnosis and medical treatment for a child when the mother did not.

### *Perceptions that the origin of the problem was in the school*

Finally, it was common for mothers to comment that their child's difficulties began with attendance at school. Carpenter and Austin (2008) repeatedly noted the central role of schools in mother's narratives, by describing the school context as the site where ADHD symptoms first became apparent or where they were least manageable. This was echoed by Canadian mothers in Malacrida's (2001) study, where teachers were often responsible for initiating the process of diagnosis. For these children, behaviour was not problematic enough to suggest pathology until they were in school, as was also the case in Watson's (2011) UK study. In other words, the need for diagnosis of ADHD or concern over symptoms was understood to be an artefact of the school context. Parent—teacher conflict may have been exacerbated when mothers perceived they were blamed for issues that originated in school.

### *Escalating resistance*

Malacrida (2001) analysed the power that mothers of children with ADHD could exercise in their dealings with educators and psychiatrists to combat the stigma associated with ADHD. Such resistance was shown to evolve over the trajectory of their ADHD 'journey', with initial responses characterised as non-confrontational "weapons of the weak" (Scott, 1985, quoted in Malacrida, 2001, p160; Scott, 1985) that are,

**Researcher:** tacit, informal and unwitting ... Particularly in their early encounters with professionals, mothers' efforts to restate the truth, to draw boundaries around intervention and judgement and to lay claim to services and information on their own terms occurred in an ad hoc way ... These early resistance strategies typically occurred in an immediate response to breaches in women's trust in professional knowledge and compassion, or in response to a dawning sense that they and their children were being judged inappropriately. (Malacrida, 2001, pp160-161, reviewer edits)

Malacrida (2001) emphasised the dilemma involved with any form of resistance due to the risk that they might be judged as poor mothers. Mothers also perceived risk in inaction and felt they must act in order to protect their children as they struggled at school. The form of resistance chosen was tempered by the fear that any non-compliance on their part might increase difficulties for their children by giving professionals more reason to view the family as troubled or risk retaliation at school aimed at their child (Malacrida, 2001; Carpenter & Austin, 2008). Those who took the greatest action (home-schooled, volunteered for school boards or paid for private tuition) had

greater levels of financial, intellectual and social capital available; options for resistance were not equitable (Malacrida, 2001).

The process of seeking support for their children often involved learning about ADHD and medication, in addition to strategies to intervene in difficult behaviour or academic difficulties (Carpenter & Austin, 2008; Reid et al., 1996; Margalit et al., 2010). A number of mothers and a father described their attempts to share information with teachers about ADHD, the particular needs of their child, and/or strategies that worked at home or in other classrooms (Reid et al., 1996; Carpenter & Austin, 2008; Malacrida, 2001). Many parents reported teachers who, though polite, tended to dismiss the information parents tried to share (Reid et al., 1996; Carpenter & Austin, 2008; Malacrida, 2001; Hibbitts, 2010), and Reid et al. (Reid et al., 1996) found that teachers lacked knowledge about ADHD. Some mothers perceived that teachers felt their status as professionals was threatened by parental knowledge (Reid et al., 1996; Malacrida, 2001). One of Malacrida's Canadian participants who was a medical researcher said,

**Canadian mother of a pupil diagnosed with ADHD:** It's their choice not to be educated. I went to the school and said, 'You have a professional development day coming up ... I will pay the fee of having Dr P. come to your school to run an information session on ADD.' ... And they refused . . . 'Thanks, but no thanks.' (Malacrida, 2004, p73, reviewer then author edits)

Malacrida drew a parallel between offering professional information to teachers and what Michel Foucault described as "truth games", where claims to legitimacy are made through language and understandings of what is "true". By drawing on professional advice and opinion, mothers attempted to provide a 'superior' truth about ADHD in a form of resistance that Malacrida (2001) dubbed 'bringing in the big guns'. Malacrida (2001) also described a deferential strategy adopted by mothers to resist teachers' rejection of information shared, 'strategic diffidence', which had similarities to accounts by mothers in other studies (Carpenter & Austin, 2008; Margalit et al., 2010),

**Canadian or British mother of a child diagnosed with ADHD:** I asked the teacher, "Did you know there's an evaluation from his prior teacher, and an evaluation by a psychologist on his file? About his learning styles and how you can enable him to learn?" Because, I didn't say, "how you're supposed to teach him" because when I had done that his first year teacher—male—was, "Oh no. I don't need to read that. I'm a teacher. I *know* how to teach. I don't need to read that." So I learned to approach things differently. (Malacrida, 2001, p156, author italics)

When teachers did not modify their strategies in response to difficulties, some mothers resisted by taking on professional workloads (Malacrida, 2001), describing two to three hours spent per night working with their children on homework. Malacrida (2001) also identified resistance by mothers that reversed the educational surveillance of families, where mothers 'returned the gaze' by keeping meticulous records (e.g. report cards, assessments, letters) and became involved in the school to keep track of critical incidents and to establish 'what really goes' in order to illuminate discrepancies.

Following attempts to appear deferential and compliant, mothers in Malacrida's (2001) study sometimes began to refuse to cooperate in a more assertive phase of resistance. This took the form

of taking a more public stance such as involving themselves in advocacy, moving schools or choosing to home school. Assertive resistance tended to occur either as the culmination of repeated negative incidents or in response to perceived serious danger to the wellbeing of a child. Margalit *et al.* (2010) report mothers who describe a process of identity change from passive to more assertive in response to the realisation that they cannot necessarily trust school practitioners, and the mother in Watson (2011) moved her son to a different school following a serious incident of self-harm.

Ultimately, despite the creativity and resourcefulness shown by the mothers in Malacrida's (2001) study, she concluded that her findings challenged post-structural theory which describes power as circulating and accessible to all subjects. Rather, these mothers were limited by the power 'that is situated in institutions and practices that are able to withstand resistance and wield material power in ways that mothers cannot' (p163). She summarised that despite the great lengths to which mothers went on behalf of their children, professionals showed little appreciation for their efforts. Findings were similar across studies.

## Conclusion

In summary, this systematic review suggests the development of high quality parent—teacher relationships for pupils diagnosed with ADHD face substantial barriers. Where positive relationships were established, they were powerful in their ability to resolve school difficulties for the pupil. However, positive relationships were described as the exception. Accounts given by parents were mostly about conflict with teachers and unresolved difficulties experienced by their children in school. Mothers attempted to intervene in school processes through escalating resistance when they witnessed school-related unhappiness in their children, but were usually ineffective.

The included studies demonstrated that mothers perceived barriers in line with other research exploring parent—teacher relationships, such as exclusive school expectations for family/pupil normality. Following Crozier (1998), Thijs & Eilbracht (2012) and Waanders *et al.* (2007), Hibbitts (2010) found that issues of Cultural Dissonance and "otherness" acted as barriers in her relationships with teachers, where the cultural style of her itinerant family did not map well onto the local cultures of the schools her children attended. However, the other included papers did not discuss cultural differences or "otherness" outside of ADHD as a source of difficulty. Parent—teacher conflict was experienced by middle class and working class mothers alike. Although Malacrida (2001) remarks on the greater ability of women with social and financial capital to move their child to private education or home schooling, these mothers report similar experiences to less privileged mothers of feeling blamed and silenced. This suggests that "otherness" established by symptoms of ADHD may overturn teacher judgments of normality that might otherwise have been made in response to shared characteristics such as middle class values and ethnicity.

General research on parent—teacher relationships identify the potential for 'one-way' communication from teachers with *all* parents, where teachers' role as professionals demand the role of parents to be passive receptors of expert advice (Crozier, 1998). This issue was clearly salient for these mothers. In a finding that contradicted the dynamic of professional teacher vs. the amateur parent, one included study, Reid *et al.* (1996), found that many teachers lacked knowledge about ADHD, while parents often displayed growing levels of specialist knowledge. Such parents may be perceived as a threat to professional status, and this may present an additional barrier.

Finally, we found that for pupils diagnosed with ADHD, parent—teacher conflict may be aggravated because parents felt criticised and insulted by teachers who seemed to blame them for their child’s difficulties. Although teacher perceptions were not explored in this review, other research suggests that teachers can perceive a child’s behavioural difficulties to stem from inadequate parenting (Broomhead, 2013). In addition, the review suggested that the uncertain aetiology of ADHD provided fertile ground for disagreement, particularly in relation to the validity of the concept of, and causal mechanisms for, ADHD, the need for medication, and the appropriateness of family and/or classroom strategies and treatments.

## **Merits and Limitations**

To our knowledge, this study represents the first systematic review of qualitative research of school-related experiences of parents of pupils diagnosed with ADHD. Its focus on the experiences of parents of children identified with ADHD has enabled an in-depth, insiders’ view. These views represent those of the participants researched only, although our dissemination activities suggested they were transferable to other parents’ experiences. The narrow scope of the review enabled depth of exploration but also created limitations by its exclusion of teacher and pupil views as well as consideration of national- and institutional-level issues in education, all of which are important to a fuller understanding. Finally, the review is also limited by its focus on ADHD. Because the term ‘ADHD’ has only relatively recently come into educational use in some countries, inclusion of other terms more commonly used and that overlap with ADHD, such as SEBD, may have returned additional relevant information.

## **Implications**

The emotional distress revealed by this review suggests greater awareness of issues surrounding ADHD is important to pupil, parent and teacher wellbeing. Future research should identify and explore productive parent—teacher relationships in this context. How is a productive relationship defined? What impact does it have on the child’s wellbeing and academic trajectory? What kind of institutional structures and supports are in place? There seems to be lack of shared vision between parents and teachers about what productive roles are, that Lasky (2000) calls an implicit, ‘unresolved terrain’ (p847). Institution-level policies that provide an externally established framework to guide boundaries for parent and teacher roles and offer guidelines to understand ADHD might be a first step. They could offer structural supports to enhance relationships in what this review suggests are overwhelmingly conflicting circumstances.

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Figure 1. Diagram reporting the process of study selection.

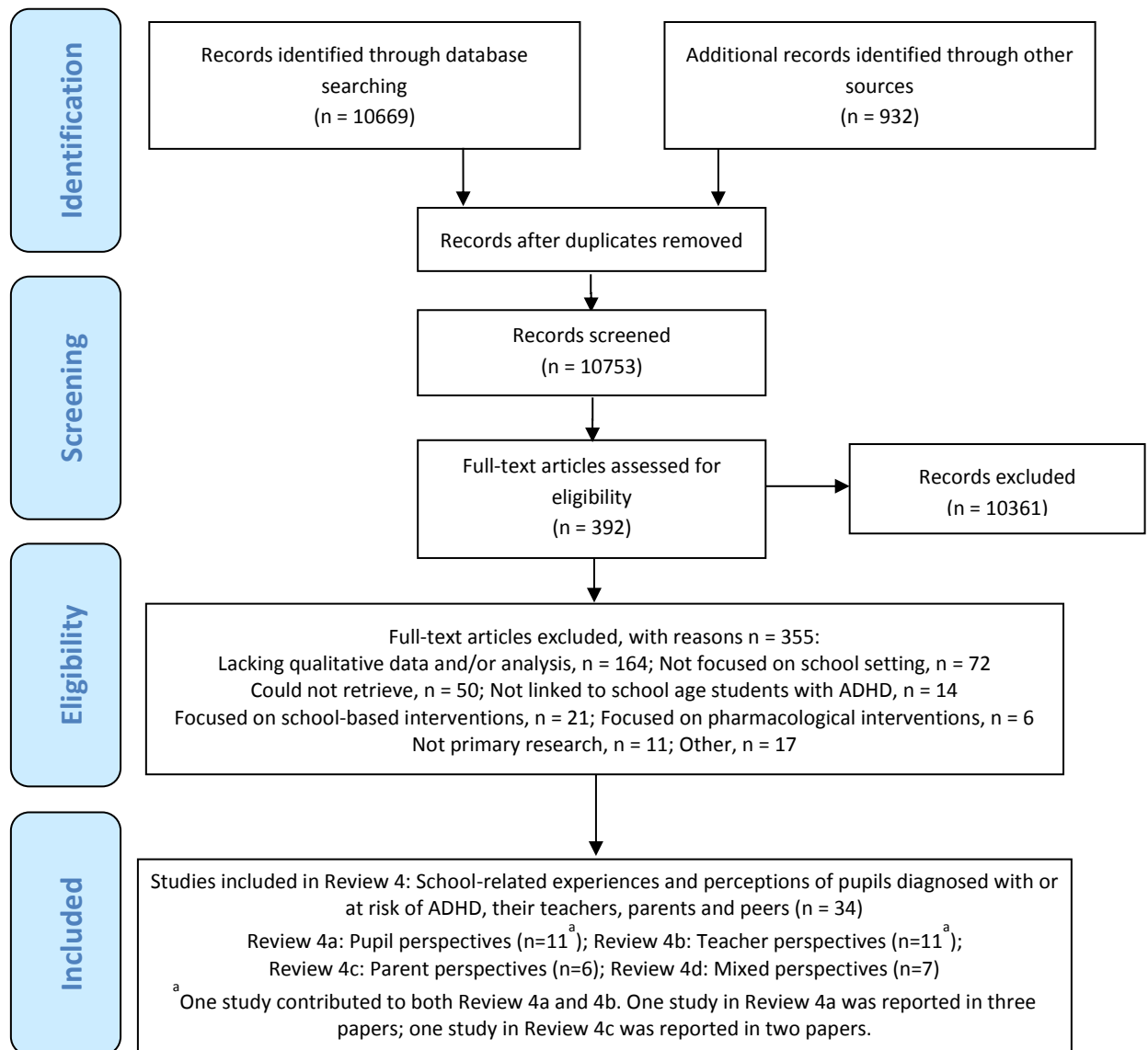




Table 1. Summary of included papers exploring the school-related experiences and perceptions of parents of pupils diagnosed with ADHD.

<b>Study, lead author affiliation and location of participants</b>	<b>No.</b>	<b>Sample characteristics</b>	<b>Data collection *</b>	<b>Sampling</b>	<b>Study Aims</b>	<b>Theoretical approach</b>	<b>Data analysis</b>
Carpenter and Austin (2008) Griffith University Australia	15	Mothers of children diagnosed with ADHD; ages of their children not reported	45 SSI 1 focus group	Self-selecting; purposive; convenience	To explore mother's perceptions of the role of schools in processes leading to diagnosis and medication	Post-structural	Thematic analysis exploring use of moral language, meta-statements and the logic of narrative
Hibbitts (2010) Simon Fraser University Canada	1	Mother described experience of one son diagnosed with ADHD from primary to secondary school age	48 vignettes	n/a	To explore the experience of a parent when interacting with her children's schools.	Constructionism; Phenomenology	Auto-narrative using Hermeneutic phenomenology
Malacrida (2001; 2004) University of Alberta Canada and UK	34	Mothers of children diagnosed with ADHD; ages of their children not reported	34 SSI	Self-selecting; snowball	To investigate what it is like to be a mother dealing with professionals and the medicalisation of their children's behaviour	Constructionist; Foucauldian; theories of medicalisation	Inductive and deductive thematic analysis
Margalit <i>et al.</i> (2010) Tel Aviv University USA	316	Mothers of children diagnosed with ADHD and/or learning difficulties (LD); mean age of children where recorded was 10.99 (SD=3.32)	1,502 internet messages	Self-selecting	To identify stressors, needs, supports and perceptions expressed by mothers of children with learning disabilities and ADHD	Not reported	Content analysis
Reid <i>et al.</i> (1996) University of Nebraska USA	20	18 Mothers and 2 Fathers who were parents of 20 children diagnosed with ADHD attending kindergarten to 12 <sup>th</sup> grade	20 SSI 20 demographic questionnaires	Self-selecting then purposive	To explore the way parents perceive the process they have gone through in obtaining services for their children with ADHD	Grounded Theory	Constant comparative method
Watson (2011) University of Stirling UK	1	Mother described experience of one son diagnosed with ADHD from primary to secondary school age	1 narrative	Purposive	To analyse the narrative of a mother concerning the events surrounding the diagnosis of ADHD in her son	Theories of stigma, mother blame; use of satire	Narrative inquiry organised by scenes that positioned the family as deviant.

\* SSI=semi-structured interviews

Table 2. Relationships between first order (participant) and/or second order (researcher) concepts coded from included papers, and third order (reviewer) concepts.

First and second order concepts (Translation between studies)	Third order concepts (Line-of-argument)		
	Overarching theme: Mothers were silenced		
	Dashed expectations	Parent-teacher conflict was the norm	Resistance
Teachers as professionals vs. amateur parents; teacher as critic of parenting skills		X	
Cultural dissonance	X	X	
Weapons of the weak: refuting criticism			X
Silencing	X	X	X
Expectations	X		
Schools as sites of the origins of ADHD		X	
Contributing papers	(Hibbitts, 2010; Carpenter & Austin, 2008; Malacrida, 2001)	(Hibbitts, 2010; Malacrida, 2001; Margalit et al., 2010; Reid et al., 1996; Watson, 2011; Carpenter & Austin, 2008)	(Malacrida, 2001; Carpenter & Austin, 2008; Watson, 2011; Reid et al., 1996)