

Why Teachers Resist

Understanding Teacher Attitudes about AD/HD

Differing mindsets often determine a teacher's willingness or disposition to make classroom accommodations for students with problems.



by Terry Illes, Ph.D.

As a school psychologist for more than 20 years, I have specialized in the assessment and treatment of children with AD/HD. As part of my professional responsibilities, I teach a class on the school management of AD/HD attended primarily by parents. We spend much of our class time discussing effective classroom accommodations (e.g., curriculum, instructional and behavioral interventions) for children with AD/HD. After teaching this class for a few years, I realized that knowledge did not always translate into practice. Indeed, parents often became discouraged as they encountered teacher resistance to implementing the classroom interventions they had learned in class. This is particularly frustrating because researchers have learned much during the last decade about the types of interventions that are effective in the management of AD/HD symptoms and most are readily available to teachers.

When teachers fall into the trap of the Behavioral Model of Disability, it is not out of indifference or hostility. Rather, it is a mindset that seems to come to us naturally as we attempt to interpret human behavior.

In this article, I will examine an underlying and subtle basis for such teacher resistance. I must emphasize that resistance to implementing proven interventions for children with AD/HD is not unique to teachers. In fact, I experience a similar resistance from parents during a class that I also teach on home management of AD/HD. However, because my professional experience is primarily within the school setting, in this article I will focus on teacher resistance. I also believe that the basis for parent and teacher resistance is similar and that parents will discover much about their own parenting behavior as they read this article.

A Fundamental Bias: If It's Behavior, It's a Matter of Choice

I believe that teacher resistance is due to a fundamental bias in the way teachers view children with behavioral disabilities. This view is embedded in what psychologists call "a theory of mind." A theory of mind describes the set of assumptions or inferences that people use to make sense of someone else's behavior. For example, if you observe a young child throwing a tantrum in a store as a chagrined adult angrily looks on, you may infer that the child is upset because his/her parent has denied something of value (e.g., candy or a toy) to the child. This is an attempt to make sense of our social world.

We rely on the fundamental assumption that an individual's overt behavior is motivated and under the control of the person performing the behavior. Indeed, it is this assumption that allows society to hold individuals accountable for their actions. By contrast, it is also obvious that some behaviors occur unintentionally, and the assumption of control is readily suspended. For example, if you observe a young child shaking spasmodically in a store with a scared adult helplessly looking on, you probably will infer that the child has some type of disorder that is causing an involuntary motor response.

In other cases, the connection between behavior and intent is unclear, and the observer must make an informed guess as to the role of intention. School-related problems, whether academic or behavioral, often fit into this category, and I believe that teachers apply different "theories of mind" when attempting to understand the basis for academic and behavioral problems. In fact, these differing mindsets often determine a teacher's willingness or disposition to make classroom accommodations for students with problems.

Behavioral Model

Behavior problem = motivational cause
= voluntary response = teacher anger
= elimination of problem



The Behavioral vs. the Academic Models of Disability

I developed the Behavioral and Academic Models of Disability (Illes, 2001) to draw attention to the different sets of assumptions that teachers (or parents) use to understand children with academic or behavioral problems. The Behavioral Model (above) summarizes the characteristic manner in which teachers respond to students with learning difficulties:

In the Behavioral Model, a teacher observes a student to have a behavior problem; then the teacher assumes that the behavior is linked to the student's motivation (such as the need for negative attention). If the behavior can be attributed to motivation, then it must be voluntary and premeditated and, thus, the teacher reacts with anger because the student intended to misbehave.

The belief that the "bad" behavior was deliberate further leads the teacher to attempt to "stamp out" or eliminate the problem behavior. The process of elimination suggests that it is the *student* who must do the changing. The focus will be on stopping a behavior rather than on teaching new skills, the change will be rapid and negative consequences—or punishment—will be used to encourage this change. Thus, there is no need to make special accommodations for the child with AD/HD.

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Academic Model

Learning problem = neurological cause
= involuntary response = teacher empathy
= remediation



The assumptions made by teachers regarding students with behavioral disabilities stands in stark contrast to the Academic Model represented above.

In the Academic Model, a student is observed to have a learning problem; then the teacher assumes that the learning deficit has an underlying neurological basis. If the deficit is neurological, then the problem must be involuntary. Thus, the teacher believes that the student would perform better if possible, and because the student is perceived to be a victim of neurological circumstances beyond his/her control, the teacher reacts with empathy.

The teacher intuitively understands that the student would prefer to be as academically successful as other students. And, finally, this insight directs the teacher to remediate or fix the student's learning problem. The process of remediation suggests that the educational system will accept responsibility for the student's change, the focus of change will be on skill building, the change will be gradual and that positive consequences will be used to reinforce this progress.

Teachers apply the Behavioral and Academic Models indiscriminately and without giving the matter much consideration. When challenged about the justification for doing so, most teachers react with surprise. Indeed, they usually feel that the reason is obvious (although vague) and is supported by

supposed research that indicates that learning problems are caused by an organic problem in the brain but that behavior problems are not. Ironically, there may be as much research to support the neurological basis of AD/HD as there is to support the neurological basis of a specific learning disability such as a reading disorder.

What You Can Do as a Parent

It is my overwhelming experience that teachers share with parents a genuine concern for children with AD/HD. When teachers fall into the trap of the Behavioral Model, it is not out of indifference or hostility. Rather, it is a mindset that seems to come to us naturally as we attempt to interpret human behavior. Parents who honestly examine their own behavior may discover that they often commit the same mistake in judgment when dealing with their child with AD/HD. Consequently, parents may first need to elevate a teacher's awareness of his or her underlying attitudes about students with AD/HD before they can expect teachers to implement specialized classroom accommodations.

As part of this effort, parents must be prepared to use strategies to help teachers understand the different sets of assumptions that are falsely applied to students with learning and behavioral problems. Parents who approach teacher resistance out of an alliance with teachers will be much more successful than parents who approach the problem from an adversarial position. Some strategies to help accomplish this include:

1. Know yourself. As parents, there are probably times when you are falling into the trap of viewing your child's behavior from the perspective of the Behavioral Model. Do you get angry with your child for running up and down the stairs instead of walking? Do you find yourself losing patience when your child interrupts you or seems to talk incessantly? Do you tell yourself that it was okay to be upset with your child because you know that he/she could have chosen to behave differently? Parents who are aware of their own biases will be more likely to discern this behavior in teachers.

2. Be a resource. By providing teachers with evidence about the medical basis of AD/HD, you may help them to understand the fallacies reflected in the Behavioral Model.

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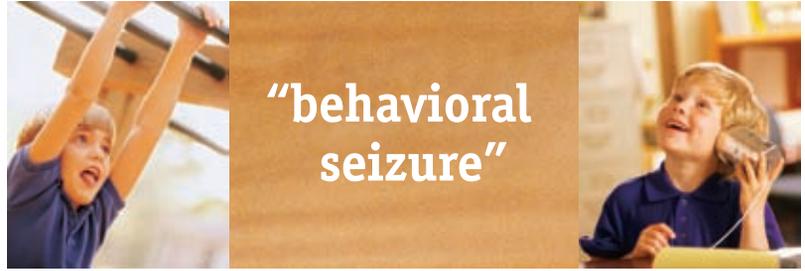
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3. Provide a visual cue. A metaphor can serve as a great tool to trigger understanding and acceptance of an elusive concept. I have used “behavioral seizures” as a metaphor to encourage teachers to apply the Academic Model to children with AD/HD. I ask them to imagine a student with a seizure disorder. If the student did not have a seizure on Monday or Tuesday, but did on Wednesday, would the teacher or parent punish the child for the seizure activity on Wednesday? Of course, they respond that it would be ridiculous and unfair to do so because the child has no control over his or her seizure activity. At this time, I review the evidence on the medical origins of AD/HD. I then ask the teacher to visualize that the student is experiencing a “behavioral seizure” whenever the student is acting inappropriately. I have had many teachers tell me that this visual strategy has helped them to be more sympathetic and understanding when the child with AD/HD is experiencing problems with self-control.

4. Use AD/HD as an explanation, not a justification.

Sometimes parents respond to the problems of their children in such a way that they encourage teachers to rely on the Behavioral Model. One mistake that almost certainly triggers this reaction is when parents appear to use AD/HD as a reason to excuse their child's inappropriate behavior rather than as a basis for understanding it. Teachers who believe that AD/HD is falsely being used to excuse a child from responsibility will be more likely to insist on applying the Behavioral Model to restore the child's accountability. Therefore, I encourage parents to openly discuss this issue with teachers and to reassure teachers that they accept and support the need to hold their child accountable for inappropriate behavior. Once teachers are confident of this support, I find that they are much more receptive to later discussions about the most effective and fair ways to teach this skill.

5. Make the teacher a partner. Teachers who have accurate information about a student will be more likely to treat that child fairly. Offer the teacher



information about AD/HD and your child's past difficulties. Make sure to include the teacher as a collaborative member of the treatment team. Demonstrate to the teacher that you value his or her opinion and input when making treatment decisions about your child. You will find that teachers who feel part of the decision-making process will be more understanding and willing to accept the Academic Model as a guide to helping your child. ■

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