UNIVERSITY OF SUSSEX

Social Skills Learning Groups: A Case Study of Young People Identified with Attention Deficit Hyperactivity Disorder

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Dissertation

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I hereby declare that this thesis has not been submitted, either in the same or different form, to this or any other university degree.

Signature

Table of Contents

Chapter 1: Introduction and Background to the Study 11

1.1 Introduction 11

1.2 Research aims and questions 12

1.3 Overview of the context of the study 13

1.4 The TLC school context 16

1.5 The holistic approach of the study 20

1.6 Overview 23

Chapter 2: Literature Review 25

2.1 The process of reconnaissance 25

2.2 The diverse approaches to ADHD 26

2.2.1. The medical approach to ADHD 26

2.2.3. The holistic approach to ADHD 36

2.2.4 Approaches to ADHD in the Israeli context 40

2.3 Young people identified with ADHD: Challenges and support 42

2.3.1 Social and academic challenges faced by young people 42

2.3.2 Supporting young people identified with ADHD 45

2.4 Therapy and education: Two disciplines under one roof 52

2.5 Summary 60

Chapter 3: Methodology, Positionality and Ethics 62

3.1 Introduction 62

3.2 The constructivist paradigm 62

3.3 Insider research 64

3.4 Case study 68

3.4.1 A definition of a case study 68

3.4.2 Types of case study 71

3.4.3 Evaluating the constructivist qualitative case study 73

3.5 Ethical issues 75

3.5.1 The process of research approval 75

3.5.2 Researching young people in the education context 82

3.5.3 Ethical considerations regarding the researcher's relationship with staff/adult participants 84

3.6 Summary 85

Chapter 4: The Social Skills Learning Group, Methods and Analysis 87
4.1 Introduction 87
4.2 The research design 87
4.3 The social skills learning group intervention 90
4.3.1 The social skills learning group participants 90
4.3.2 The social skills learning group design 91
4.3.3 The model: The social skills learning group 93
4.4 Data collection process 98
4.4.1 Data triangulation 100
4.4.2 Research Tools 101
4.4. Data analysis 113
4.5 Summary 115
Chapter 5: Findings 117
5.1 Introduction 117
5.2 Perceptions of the professional staff toward the intervention programme 120
5.2.1 A question of professional identity and the group definition 120
5.2.2 Change in perceptions of the staff members toward the social skills learning group as a result of cooperation 123
5.2.3 Student perceptions of the group 129
5.3 Integration of the social skills learning group within the school framework 131
5.3.1 The external setting findings 131
5.3.2 The internal setting findings 143
5.4 Perceptions of support 149
5.4.1 Perceptions of student participation and view of other members in the social skills learning group 149
5.4.2 Perceptions of support of manifestations viewed as impulsivity 153
5.4.3 Perceptions of support to form interpersonal relationships 155
5.5 Summary 158
Chapter 6: Discussion - Reflections on Findings 160
6.1 Introduction 160
6.2 Challenges of integrating the social skills learning group intervention in the school framework 160
6.3 Student perceptions of the social skills learning group 171
6.4 Perceptions of the working model 174
6.4.1 Perceptions of the external setting of the working model 174

6.4.2 Perceptions of the internal setting of the working model 182
6.5 Perceptions of support in the acquisition of social skills..... 185
6.6 Summary 189
Chapter 7: Conclusions 191
7.1 Introduction 191
7.2 Contribution to knowledge 191
7.2.1 The holistic approach to integrating a therapeutic intervention within the school framework 191
7.2.2 Supporting young people identified with ADHD..... 194
7.3 Contribution to my professional knowledge 195
7.4 Research limitations 198
7.5 Future research directions 200
7.6 Summary 202
Bibliography 204
APPENDIX A: Research Approval from the Israeli Ministry of Education 223
Appendix B: Information Sheet and Consent 226
Appendix C: Information Sheet about the Research 227
Appendix D: Interview Guide, Session 1..... 228
Appendix E: Interview Guide, Session 2 234
Appendix F: Student Questionnaire 239
Appendix G: Extract from Reflective Diary 243

List of Tables

Table 1.1: School staff descriptions.....18

Table 4.1: Research stages.....89

Table 4.2 Research procedures.....90

Table 4.3: Data collection process.....99

Table 4.4: Research questions versus statements.....112

Table 5.1 Attitudinal changes between novice and senior group facilitators.....125

Table 5.2: Data for statement 14 in questionnaire.....134

Table 5.3: Data for statement 13 in questionnaire.....136

Table 5.4: Data for statement 12 in questionnaire.....139

Table 5.5: Data for statement 8 in questionnaire.....140

Table 5.6: Data for statement 1 in questionnaire.....146

Table 5.7: Data for statement 2 in questionnaire.....146

Table 5.8: Data for statement 3 in questionnaire.....146

Table 5.9: Data for statement 4 in questionnaire.....146

Table 5.10: Data for statement 6 in questionnaire.....147

Table 5.11: Data for statement 7 in questionnaire.....148

Table 5.12: Data for statement 15 in questionnaire.....152

Table 5.13: Data for statement 16 in questionnaire.....152

List of Diagrams

Diagram 4.1 Interview time schedule.....107

Diagram 4.2 Data analysis process……115

Diagram 5.1 Central research themes……119

Diagram 6.1 Model of integration of the social skills learning groups.....220

Acknowledgments

היה לנו אוצר סמוי של פנאי
עדין כאוויר הבוקר
פנאי של סיפורים, דמעות, נשיקות וחגים.
פנאי של אמא, פנאי של סבתא והדודות.
יושבות בנחת בסירה של זיו
שטות אט אט בדוגית השלום
עם הירח
ועם המזלות.

(זלדה)

[TRANSLATION]

We had a hidden treasure of leisure time

Gentle as the morning breeze

The leisure of stories, tears, kisses and holidays

The leisure of mother, grandmother and aunts

Sitting comfortably in a boat of splendour

Sailing slowly on the peace canoe

With the moon

With the zodiac

(Zelda)

This thesis is dedicated to my dearly beloved grandmother,

Victoria Faians.

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Abstract

The aim of the current case study was to examine the integration of a social skills learning programme for young people aged 13-18 identified with ADHD and learning difficulties within the framework of a junior and high school in Israel designed for young people identified with ADHD. At the start of this inquiry, the stance of the Israeli Ministry of Education mainly leaned on the medicalised model. During the process of conducting this study, the researcher developed a gradual shift from the medicalised to the social constructivist model as an alternative which considers young people from a holistic view.

The study explored three perspectives on the integration of the social skills learning groups within the school: those of the educational staff, the therapeutic staff who facilitated the social skills learning groups and those of the group participants. It also explored how each group perceived the intervention in terms of supporting social skills among young people identified with ADHD. Two groups of students took part. One group comprised seven students from the 7th grade who were in their first year of the intervention and another group comprised seven students from the 9th grade who were in their third year of the four-year programme.

The study was conducted using a qualitative methodology from an insider perspective, the researcher being a therapist and facilitator of one of the social skills learning groups. Data were collected by semi-structured interviews with staff members, the researcher's reflective diary and a student questionnaire.

The study found that the educational staff's perspective on the social skills learning groups involved a gradual process from difficulty accepting the groups to believing that they played an important role in school provision. A parallel process took place among the therapeutic staff who questioned the groups' definition as a class or as group therapy, which required the therapists to examine their professional identity. This process of self-examination of staff members' professional identity and examination of the other staff members' professional roles influenced the integration of the groups in the school.

Overall, the study suggested that interventions focusing on assisting the development of social skills can play an important role in school provision for young people identified with ADHD when they are included as part of the school curriculum. However, in order to successfully embed a therapeutic intervention within a school framework, the study suggested that teachers and therapists should cooperate both professionally and personally to build a new common language toward a common goal.

Chapter 1: Introduction and Background to the Study

1.1 Introduction

Much has been said and debated about attention deficit hyperactivity disorder (ADHD) and while much of the professional literature suggests a medical and positivist approach toward ADHD (Barkley et al., 2002; Barkley, 2006; Seidman, 2006; Visser & Jehan, 2009; Biederman et al., 2010) other literature adopts a holistic approach that views this as a social construction (Taylor et al. 1996; Timimi & Taylor 2004). This debate highlights the importance of viewing ADHD within a political, cultural and social context. From the medical point of view, ADHD is a neurological condition identified in childhood which persists in youth and adulthood (Barkley, 2006; Biederman et al., 2010). It is characterised mainly by three clusters of behaviour: inattention, hyperactivity and impulsivity. Among these, social skills play a significant role, especially during youth (Hinshaw & Melnick, 1995; Hinshaw et al., 1997; Buhrmester et al., 1998; Bagwell et al., 2001; Frankel & Feinberg, 2002; Biederman, 2007; Estell, et al., 2008). From a holistic perspective ADHD is a multi-faceted construction comprising of a diversity of medical, social, environmental and emotional interactions which are represented distinctly in each individual (Shapira, 2004; Manor & Tiano, 2012).

In this thesis I explore the integration of an intervention programme aimed at assisting young people identified with ADHD to develop social skills within a school framework. The 'Social Skills Learning Group' intervention was developed at the Tender Loving Care (TLC) School (pseudonym) in Israel, a junior and high school designed for young people identified with ADHD and learning difficulties.

The objective of the Social Skills Learning Group is to provide support for the needs of young people identified with ADHD, from a holistic perspective that recognises their emotional and social difficulties along with their academic ones. The intervention programme also recognises the importance of context and its impact on students' learning difficulties. In the case of this research, the context is an

educational framework that encompasses both the educational and therapeutic disciplines with the student at the centre.

The TLC School provides such a framework by offering a curriculum that integrates the academic programme with a social skills learning programme. The school staff comprises both school teachers and therapists. Over 10 years ago, after specialising as a drama therapist, I was accepted to work as a facilitator of the social skills learning groups at the TLC School when the programme was still in its infancy. In an interview with the school principal and psychologist, they explained to me that the TLC School recognises the importance of comprehensive therapy, including responding to the students' social, emotional and academic difficulties as a whole. Based on this, I formed and led the social skills learning group intervention programme that became a part of the school curriculum. At the time I understood the importance of developing social skills among young people identified with ADHD and with time, as I worked with the students at the school, this understanding was further confirmed and deepened. Yet, it also became clear to me that the social skills learning group model was incomplete. The integration process of the social skills learning groups as part of the school curriculum was complex and mainly sparked objection among many of those involved: teachers, students and therapists. This situation hindered the social skills learning groups from reaching their full potential to help students develop their social skills. A natural step after 10 years of working in the school has therefore been to explore the social skills learning group intervention programme and the way in which its implementation within the school can support students in acquiring social skills.

1.2 Research aims and questions

The aim of this study was to gain an in-depth view of the process of integration of the social skills learning group within the TLC School. The approach of embedding this group within the school is based on the premise that the social skills intervention should be applied in an educational environment where young people spend the majority of their daytime hours. In order to explore the social skills learning group as part of the school system a case study approach was applied, as it

is designed to explore human activity of a particular kind in a certain place and during a specific period of time (Yin, 2003).

Four main research questions guided the study. The first two refer to the perceptions towards the intervention from three viewpoints – the educational staff, the therapeutic staff/group facilitators and the students who participated in the social skills learning groups (7^{th} graders in their first year of the programme, aged 13-14, and 9^{th} graders in their third year of the programme, aged 16-17). The third research question refers to perceptions of support provided by the intervention. The fourth research question addresses the process of integrating a therapeutic intervention within an education framework. The research questions were as follows:

1. How do the educational and therapeutic staff members perceive the social skills learning group intervention programme?
2. How do the students participating in the social skills learning groups at different stages of the programme perceive the intervention?
3. How do the professional staff members and students view the support provided by the social skills learning group intervention in the acquisition of social skills?
4. What are the challenges of integrating a social skills learning intervention programme within a school framework?

In order to address these research questions I conducted a primarily qualitative study at the TLC School during the 2011-2012 academic year. Participants included the students, educational and therapeutic staff members and the school principal so as to capture the views of all groups involved in the programme.

1.3 Overview of the context of the study

Approaches to ADHD are wide and varied. They have changed over time and vary from context to context. In the 1950's ADHD was perceived, like other behavioural difficulties, as deriving from a minimal brain dysfunction or trauma in childhood. The element of attention was not taken into consideration until the

1960's (Barkley, 1998; 2006). In many countries, the education system's policy began to address children identified with ADHD and 'learning disabilities' (first coined by Kirk in 1962) in the late 1960s. Children who were identified with ADHD at the time were also considered 'learning disabled' from a medical stance. The education system's policies have since been contested and have undergone many changes over the years.

In the 1970s it was argued that the difficulties of students identified with ADHD were a perception limitation stemming from an innate neurological dysfunction (Visser & Jehan, 2009; Manor & Tiano, 2012). This led to a therapeutic approach towards children based on the medical-scientific model that regards them as 'patients' whom the system needs to cure. Most forms of 'curing' in the education system were based on providing more intensive teaching and allowing for 'modifications', both during children's scholastic career and their final matriculation exams (Leitner, 2003; Plotnik, 2008). In the 1980s, with the development of research on learning difficulties and ADHD, findings suggested that apart from the specific manifestations associated with ADHD (e.g., in relation to attention), students identified with ADHD have normal and even above normal abilities. This realisation, together with the endorsement of a humanist outlook that regards diversity as a value, emphasised the need to provide equal opportunities for all people to succeed and reach their potential.

> In Israel there was a conceptual shift in the 1990s which changed the focus from not only 'solving' the difficulties of the students identified with ADHD, but also setting in motion a change in the organisational culture of schools (Einat, 2000; Ministry of Education Newsletter, 2003; Kuzminsky, 2004). It was proposed that changes in the students' environment could contribute significantly to enhancing their psychosocial functioning (Bryan, 1998). The Margalit Committee was appointed (1997) with the purpose of examining how such students' potential can be met and developed so that they receive opportunities equal to those students who are not identified with ADHD and/or learning difficulties: The basis for the committee's work is the natural right of each individual to have equal opportunities, and it is society's duty to create conditions for its realisation based on the full development of each individual's potential (Ministry of Education Newsletter, 2003, p.6).

In 2000, the education system in Israel began to promote a general policy aimed at implementing the recommendations formulated by the Margalit

Committee. The education system currently adheres to an approach that encourages integrating ADHD students within the mainstream education system (David, 2010; Haber, 1990). For this purpose, children identified with ADHD and learning difficulties receive learning strategy classes in mainstream education settings which are meant to decrease the gaps between them and their peers. Children identified with learning difficulties or ADHD are entitled to receive treatment from health professionals which include an educational psychologist, otherwise known as the school psychologist, and other professionals from the fields of pedagogical psychology, social psychology and creative arts therapy, otherwise known as paramedical therapies.

According to the Ministry of Education in Israel, students identified with ADHD and learning difficulties are eligible to receive integration hours – academic assistance beyond that provided by the standard curriculum for the purpose of narrowing the achievement gap between students. In these cases students are referred to the integration class and are excused from other classes, such as art or physical education. The school is not obliged to provide emotional therapy, but if the school employs art therapists, for example, there is a tendency to urge 'problematic' students to take part in the offered therapy, mainly so that the teacher can have peace and quiet in the class. While schools attempt to integrate students in the mainstream system using the assistance methods mentioned above, integration is fraught with challenges and difficulties, including oversized classes and overload, making it difficult and often impossible for teachers to pay attention to the learning difficulties of each individual student in real time and more importantly to his or her emotional difficulties. Thus, in general, the main focus has remained on academic achievement (Einat, 2000; Plotnik, 2008).

The social skills learning groups explored in this study are psychodidactic groups that take an interactive approach which includes focusing on the emotional world of the student by encouraging facilitative emotional experiences and interpersonal support (Rogers, 1980; Shechtman, 2010). Therapeutic groups of this kind are implemented in Israeli schools, but they are short-term, consisting of only a number of sessions usually during the summer vacation months as preparation for

the school year or as groups meeting for one semester. The children who participate in these interventions are referred by teachers and other school staff members for social, emotional and behavioural problems, rather than ADHD, *per se*. As attested by the majority of the literature, cognitive-behavioural individual therapy is most prevalent (Kazdin & Weisz, 2003) in comparison to the paucity of social skills learning group interventions.

Currently, very few structured intervention programmes in the form of social skills learning groups exist within the school system framework in Israel, particularly where high school is concerned (Biderman, 2007; Plotnik, 2008; Shechtman, 2010; Schneider, 2012). There is still a tendency to focus on intervention programmes that only address the cognitive and learning difficulties of the students (Kravets et al., 2006; Margalit, 2000; Plotnik, 2008; Yishai-Karin, 2006).

1.4 The TLC school context

As previously mentioned, Israel's mainstream education system has encountered difficulties in meeting the needs of students identified with ADHD and possible accompanying learning difficulties. The TLC school where this study took place was established in response to these needs. It is a school in the framework of authorised specialist education which is a form of education referring to institutions owned by communal or private organisations whose teachers are not employed by the state. These institutions have a certain level of autonomy in choosing their school programme, but the Israeli Ministry of Education supervises their activity. The opening of such a school is dependent on licensure which means meeting certain criteria set by the Ministry of Education (including the school's physical environment, classroom size and criteria for teachers' employment terms, such as their academic degrees and fields of expertise). The school is partially funded by the Ministry of Education's Department of Special Education and the rest is financed by the students' parents.

The TLC school is intended for junior and high school students identified with ADHD and the students who attend are between the ages of 13 (7^{th}grade) and 18 (12^{th} grade). There are 16 classrooms in the school and a total of 160 students of

both genders. The vast majority of the students attending the school have been unsuccessful in the mainstream education system because of difficulties related to poor academic achievements and behaviour issues. The learning programme offered at the TLC School is, first and foremost, adapted for the needs of young people identified with ADHD. The aim of the programme is to prepare them to take their high school matriculation exams, just like their peers without ADHD. However, in addition to the academic programme, the school requires its students to participate in social skills learning groups for at least four years (from the 7^{th} to the 10^{th} grade) which constitutes a part of the general learning programme.

In order to be accepted to the school students are required to sit before a placement committee that determines whether they meet the criteria set by the Ministry of Education for acceptance to the institution. A psychodidactic assessment confirming that the student is identified with ADHD and ensuing learning difficulties must be presented to the committee.

One of the objectives of the school is to meet the needs of young people identified with ADHD who also have learning difficulties such as dyslexia (reading difficulties), dysgraphia (writing difficulties) and dyscalculia (difficulty comprehending basic mathematical functions). It should be noted that young people identified with ADHD who are accepted to the school have normal to high intelligence and the school aims to support the acquisition of tools that will enable the young people to 'circumvent' their learning difficulties and restore their self-confidence and enjoyment in learning and experience success. Alongside academic support, the students at TLC receive emotional/therapeutic services in accordance with Israeli law. An interdisciplinary view of ADHD which includes its emotional-social aspects has led to the development of the social skills learning group programme at the school. Based on a holistic approach, it constitutes psychodidactic groups for the purpose of supporting the acquisition of social skills which are part of the school curriculum and for which attendance is required by all students.

By attempting to address the diverse aspects of ADHD and to support students from a holistic approach, the school aims to prepare its students for the

matriculation examinations which are prerequisites for entering the professional and academic world in adult life. In addition to social skills, the curriculum includes the standard basic subjects required for the matriculation examinations. According to school records the majority of the students at the school pass their matriculation examinations with success.

The school is made up of a management and administrative staff, a coordinating staff, a teaching staff and a therapeutic staff. The management and administrative staff include the school director and the school secretaries. The coordinating staff includes the junior high (7^{th}, 8^{th}, and 9^{th} grades) and high school (10^{th}, 11^{th} and 12^{th} grades) coordinators. Their role is to meet the different needs that arise in the school among the staff members and the students, including for example discipline problems. They are also responsible for extra-curricular activities and serve as a link between the different agents – students, parents, form teachers, subject teachers and group facilitators (See Table 1.1 below).

Role	Role Definition
School Principal	Oversees school activities and functioning
Coordinator	• **Age group coordinators** responsible for initiating and coordinating educational activities, link between educational and therapeutic staff and between students, parents and school staff.
Educational Staff	• **Form teachers** • **Subject teachers** • **Social guides**
Therapeutic Staff	• **Group facilitators** – Art therapists and social workers who facilitate the social skills learning groups. • **The school psychologist** – Responsible for pathological cases identified during the school year; mediates between the school and the social welfare institutions when necessary.

Table 1.1: School Staff Descriptions

I started working t the TLC School in 2003 as a certified drama therapist with expressive art therapy training. The theoretical concept was initially both promising and challenging. The idea of therapists teaching social skills to young people identified with ADHD within the school framework and as part of the curriculum appeared novel and valuable. The initiators of the programme explained that the

model comprised two facilitators who were responsible for placing and containing the borders and who worked freely with student groups for a period of four years. In practice it became evident that implementation was still far from achieving the proposed theoretical aims.

After three years of gaining experience working through drama and art therapy with the students at the school, the challenges in the implementation of the programme became clearer. It became evident that there was no clear definition of the intervention programme, how it should be implemented or how to communicate it to the educational staff members who not only objected to the programme, but also seemed intimidated by it and by the therapeutic staff. These sentiments further impacted upon the students' negative views regarding the programme which, in turn, impacted upon our low professional self-image and functioning as therapists. We (the group facilitators) came to the realisation that while theoretically we strongly believed in the potential advantages of the social skills learning group, the intervention programme needed to be first and foremost clearly defined to us as therapists and then to the educational staff so that the students could view it in a positive light and potentially benefit from it.

This study therefore aimed to explore the positions and perspectives of the school staff – educational and therapeutic – as well as the perspectives of the participants of the social skills learning group intervention programme. The objective was to get a better understanding of how to connect the theory (the working model for social skills learning and the concepts upon which it is based) with practice by exploring how a social-emotional intervention programme can be integrated into an educational framework.

1.5 The holistic approach of the study

My therapeutic approach can broadly be described as holistic from a humanistic point of view. The holistic approach perceives the individual as a 'whole' person rather than a system of separate behaviour/personality components. As such, it emphasises the subjective experience of each individual and the mutual relations between him or her and the environment. According to Roger's (1951) approach it is not our past experiences which influence our behaviour, but rather our perceptions of those events according to our world view and value system. The humanistic approach applies positive psychology tools which emphasise strengths and abilities to empower young adults in the education system and in general (Patterson & Joseph, 2007). My therapeutic approach thereby applies positive psychology tools and focuses on the subjective experience of each individual's personal and unique point of view. However, subjective experience is influenced by the environment in which the individual lives and exists, or more precisely, how the environment responds to his or her experience. This therapeutic approach is also ecological in that it acknowledges that the individual does not exist in isolation from the broader context of his or her life: family, environment – immediate and distant – culture and the society in which he or she lives (Bronfenbrenner, 1979).

According to this approach, all students are part of one complex system with equal rights to develop and learn. While they vary one from the other, they need to adapt to an educational or therapeutic framework, or both, so that they can develop and fulfil their potential. The holistic educational psychological approach sees the wellbeing of the student as constituting the infrastructure of his or her optimum development and learning on all levels: cognitive, emotional, behavioural and social. In this view, educational frameworks have the opportunity to influence the student's development by promoting feelings of positive self-worth and self-efficacy from experiences of success (McLaughlin & Holiday, 2013).

In this study, one of the main environmental systems is the educational framework in which students participate in social skills learning groups. This study sought to explore how the two fields – educational and therapeutic – perceive the

intervention each from its professional stance and how this interaction influences the integration of the therapeutic intervention within an educational framework. Understanding this dynamic phenomenon requires observation of all the components while placing emphasis on the interaction between them, how they are affected by each other and how they affect one another (Klein, 2006). From this approach the combination of psychology and education is natural and evidently required. An individual affects and is affected by his or her environment – a set of open systems that are interconnected in a web of interactions and changing dynamic processes in which the individual has a crucial role in constructing reality. School provides a wide scope for authentic interactions and experiences which can and should be used as a significant space for the child's development from an empathetic standpoint. In line with the humanistic approach, education and therapy are based on the existence of a significant 'other' (teacher, therapist and so on) as essential partners in the development of the individual.

One of the advantages of facilitating young people is their ability to be active partners in therapy and to take responsibility for it (Manor & Tiano, 2012). In facilitation work, cooperation also means active participation of the group facilitators in the social skills learning group activities. During the therapeutic process we, the therapists, recognise that the journey will change us as well as the young people we support. It is not possible to be part of the dramatic process of our group participants and to stay unchanged ourselves. The drama itself is 'a live organic medium within which we find ourselves as well' (Jennings, 1994, p 36).

This approach characterises the foundations of my therapeutic work in general, whether within a school framework or in the private sector. However, when I began working at the TLC School I perceived clear boundaries between the educational and therapeutic fields at the school. It was my experience that the medical model of therapy which viewed ADHD as a neurological 'disorder' necessarily placed clear boundaries between the different professional fields at school. In the context of the school this model required a separation between the educational and therapeutic fields, compartmentalising the educational staff and separating them from the process taking place in the social skills learning groups as

well as preventing any initiated and non-initiated encounters between teachers and therapists. The overt and the covert message conveyed to the therapists by the therapeutic staff management was to avoid spending time in the staff room so as not to ‘confuse’ the teachers regarding their position and roles. Moreover, the educational staff often accused the therapeutic staff of triggering emotional turmoil in the students, leaving the teachers with the implications and the need to calm them down without knowing what had occurred in the groups.

The medical model could also be seen to keep the issue of knowledge compartmentalised. At the school, therapists were considered the ADHD 'experts' and the teachers were considered the education 'experts' who knew how to circumvent students' academic difficulties. The idea of collaboration between the teams was largely considered to be a problem of boundaries and the violation of ethics. It also could be seen to jeopardise the hierarchy where psychologists are at the top of the ladder, followed by social workers, expressive therapies and at the bottom, teachers. The hierarchy or the compartmentalisation and separation culture was not to be questioned, mainly for fear of compromising one’s professional position. My stance changed when a novice teacher 'recruited' me and my peer colleagues insisting that we accompany and support her as a new educator of the seventh grade. This experience extended the prism through which we looked at the students. We discovered the importance of the context and the interaction between us and their influence on what happens in the groups. We discovered the importance of the students’ environment beyond the therapeutic sessions.

Successful integration of the diverse disciplines within a school is a complex and intricate process which requires an in-depth investigation and reflection. Addressing the research questions posed in this study provided insights into this process and the understandings generated have had immediate ramifications for this specific programme at the TLC School. The research also has wider relevance aiming to provide knowledge which will benefit further educational systems in Israel and abroad regarding the holistic integration of diverse disciplines within the school framework.

1.6 Overview

To understand the process of integrating an intervention for young people identified with ADHD, it is first necessary to gain a broader view of the literature on the diverse approaches to ADHD. **Chapter 2** presents the literature regarding the controversy surrounding the definition and identification of ADHD. As a result of this debate, the different therapy approaches to supporting individuals identified with ADHD are presented. As this study explores an intervention designed for secondary school students identified with ADHD, literature on the issues relevant to this transitional period are reviewed, particularly those related to young people identified with ADHD. As the intervention explored in this study draws from group therapy elements, literature on the essence and principles of group therapy are also presented. These issues in the context of the therapeutic and educational disciplines in Israel are also discussed.

Chapter 3 frames the methodology applied for conducting this study. In the attempt to examine the process of integrating the social skills learning group intervention within the school framework, a constructivist approach was used to explore the perceptions of all the participants involved: students, teachers and group therapists. The case study approach was taken as a way to illuminate the social skills learning group model as it was applied in the TLC School in the 2010-2011 academic year. The complexity of the ethical considerations that were required to be taken when working with young people are then detailed.

In keeping with the research methodology applied, **Chapter 4** presents the methods implemented. The context of the inquiry includes the description of the TLC School where it took place, the participants who took part and the social skills learning group model. The data collection process is detailed and the tools comprising of a reflective diary, semi-structured interviews and questionnaires are described.

Chapter 5 presents the main findings of the study. It begins with a discussion of the data analysis process. It continues with a presentation of the three main themes that emerged from the data: the challenges of collaboration between the

educational and the therapeutic staff members; the challenges of integrating the socials skills learning group intervention within the TLC school framework; and the perceptions of support provided by the intervention to young people identified with ADHD in the acquisition of social skills.

In **Chapter 6** the research questions posed at the start of this study are revisited and addressed. The challenges of cooperative work between different disciplines providing holistic support to young people are presented. The integration of a therapeutic intervention within the school system is then discussed. The elements the educational and therapeutic staff members and the students perceived as assisting the group participants in the acquisition of social skills and in coping with the challenges of ADHD are considered. Finally, the chapter explains the importance of conducting group therapy in this process.

The conclusions of the study are presented in **Chapter 7**. The contributions to knowledge made by this study regarding the integration of therapeutic models within a school framework are discussed. The chapter also provides further reflection on the development of my professional knowledge and the transition I underwent during the course of the research process where I combined the roles of drama therapist, group facilitator and insider researcher. Finally, the limitations of the study are acknowledged and future research directions are proposed.

Chapter 2: Literature Review

2.1 The process of reconnaissance

The literature on ADHD is extensive and the research findings sometimes contradictory and ambiguous. At the start of this research inquiry my search focused on literature that would provide a definition for the 'pathology' of ADHD, its 'symptomatology', how it is 'diagnosed' and what 'treatments' are available. As the search progressed, I realised that I had in fact accepted without criticism the medical standpoint or the medical model as the only one that could define, 'diagnose' and 'treat' ADHD, mainly because it was the main approach applied in the environment in which I was working. Gradually, the interview process sent me back to the literature in search of new directions. This process of reconnaissance revealed to me the robust discourse criticising the positivist approach as a multitude of approaches and perspectives regarding ADHD emerged. This opened up to me a wider view of ADHD and shifted the focus to 'identification', 'manifestations' and 'support'. The change in search terms represented a shift in my perspective as researcher and therapist and modified the focus of the inquiry, from the intervention itself to its integration within a school framework.

The literature review led me to understand the importance of the holistic approach to supporting young people identified with ADHD, and the challenges of assimilating the therapeutic process within the educational framework emerged as the key issue for exploration. During the process, the subject of collaboration among teams from diverse disciplines, agendas and paradigms arose as a central issue which navigated the search process to focus on the holistic and ecological approach to therapy and education. The search was expanded to the complexity of the integration process of therapy within the school system and included research on counselling groups and therapeutic interventions as part of the school system. This also led to research on multidisciplinary teams and collaboration between teams from various disciplines within organisations.

This chapter begins with a review of the complexity of identifying ADHD following the controversy surrounding the definition, identification and support of ADHD. As this study examined a specific programme designed for supporting secondary school students identified with ADHD, the literature review extends the discussion to issues that are specifically related to this age group and to the research available on the particular intervention of social skills learning groups.

2.2 The diverse approaches to ADHD

The diverse approaches to ADHD represent three main conceptual paradigms – the medical, the social and the holistic. The first puts emphasis on the medical neurological factors of the phenomenon. The second emphasises social factors of the viewed behaviour and refers to them according to cultural and social contexts as ADHD. Yet, a third approach to ADHD is derived from a holistic point of view, according to which the development and identification of ADHD is based on a combination of multiple factors, which may include biological-neurological, psychological, cultural, social and emotional (Brown, 2005; Barkley, 1997; 1998). The complexity of defining ADHD arises from the diversity of approaches to the condition. This has further complicated its identification and consequently approaches to supporting individuals identified with ADHD. The following sections explore each approach, how it defines ADHD and the support it offers.

2.2.1. The medical approach to ADHD

ADHD is commonly described in the scientific literature as a 'biomedically-based phenomenon which is identified and framed within a biological discourse' (Visser & Jehan, 2009, p. 127). As such, ADHD is considered a pathological 'disorder' or 'syndrome' caused by biomedical factors, the treatment of which is one-dimensional and relatively simple. ADHD is described in much of the literature as a neurological behavioural condition typically identified in childhood and persisting in youth and adulthood (Barkley et al, 2002; Barkley, 2006; Biederman et al, 2010). The medical approach views the condition as a neurological dysfunction that mainly affects the control processes of executive functions in the brain (Barkley, 2006). The following summary highlights the psycho/medical literature's description of three

major manifestations and their impact on learning and behaviour according to the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

In terms of **inattention**, individuals identified with ADHD are defined as more easily distracted, frequently changing from one activity to another and becoming easily bored (Barkley, 2002; Tourel & Shneiderman, 2003). Attention and concentration are essential skills for conscious and unconscious activities performed in working memory which affect the gathering and focusing of mental energy and the regulation of learning and behaviour (Haber, 1990; Kniel, 2006). For people identified with ADHD this difficulty is mainly expressed by the capacity to maintain concentration and attention over time, difficulty coping with a single stimulus, distractibility and difficulty ignoring external stimuli, usually leading to a state of 'information overload'. All of these can challenge individuals identified with ADHD to be organised and learn (Steinberg, 2006; Zhang et al., 2009).

Hyperactivity is defined as mainly affecting inhibition, expressed by the difficulty to avoid or stop a certain action that occurs against the 'free will' of the individual. According to Aron et al. (2003), the main difficulty is in the ability for cognitive regulation after the identification of an error, rather than in the ability to identify the errors (Spira & Fischel, 2005; Plotnik, 2008).

Impulsivity is characterised as a low ability of the individual to control his or her impulses and to regulate him or herself (DeVito et al., 2009). The implication is that actions are performed without prior thought and it is usually described as hastiness, even though impulsive individuals have the capacity to understand the negative or positive consequences of their actions. Impulsivity is also characterised by the inability to inhibit a reaction and behaving according to the expected norms of society can be challenging (Barkley, 2002; Plotnik, 2008).

The DSM-IV focuses mainly on these three clusters of manifestations which appear to offer a narrow definition that excludes other areas that have been described as a part of a broader understanding of ADHD, including emotional, motivational and social difficulties (Spira & Fichel, 2005; Barkley, et al., 1996; Toplak, et al., 2006). This makes identification of ADHD problematic and controversial.

The DSM-IV and the International Classification of Mental and Behavioural Disorders (ICD-10) are commonly used as one stage of identification. The former is widely used in the U.S. and the latter in Europe. Diagnostic tools (computerised 'objective' tests that attempt to assess attention and executive functions, psychological tests, cognitive assessment, psychiatric evaluation and assessment of learning skills, among others) are applied as clinical methods in the attempt to identify ADHD.

While DSM and ICD criteria have proven valid for identifying the manifestations of ADHD, there is no single reliable test that can be used to reach a decisive and objective ADHD 'diagnosis'. A high percentage of errors in identifying ADHD has been found when implementing these tools alone (Yishai-Karin & Perry, 2002). As identification is based on multiple measures, it is subjective and is only as good as the person who makes the 'diagnosis' – 'an art more than a science' (Pilkington, 2007, p. 26).

An additional problem with applying only the DSM evaluation is that various behavioural conditions share similar expressions of attention difficulties, hyperactivity and impulsiveness, which are not unique to ADHD (Hopwood & Morey, 2008). Furthermore, the manifestation of ADHD varies from individual to individual which further makes identification problematic (Barkley, 2002). In addition, there is a tendency to confuse ADHD with learning difficulties. However, ADHD alone is not defined as a learning difficulty and the mechanisms that underlie learning difficulties do not necessarily coexist with ADHD. At the same time, many studies have indicated comorbidity between ADHD and learning difficulties (Hinshaw & Melnick, 1995; Manor & Tiano, 2012). For this reason, children who are misidentified with ADHD may simply be misbehaving in class as a result of boredom or frustration with academic learning stemming from a learning difficulty (Vlam, 2006).

An additional criticism of the medical approach is that when ADHD is viewed as a pathological condition it grants authority and control to medical experts and excludes experts from other fields, such as educators, undermining the significant role they have in the attempt to understand the complexity of ADHD (Lloyd & Norris,

2010). Medical experts have the authority to 'treat' ADHD by pharmacotherapy which is the most common support given to individuals identified with ADHD (DuPaul & Stoner, 2003; Manor & Tiano, 2012). This explains the vast amount of studies that have examined the influences of stimulant medications on the functioning of individuals identified with ADHD in comparison to other forms of support (DuPaul et al., 1998). The effectiveness of pharmacotherapy is estimated at 70-80% among individuals identified with ADHD, including children, young people and adults (Wilens & Spencer, 2000; Manor & Tiano, 2012).

In terms of the influence of pharmacotherapy on behaviour regulation and attention, medications have been found to have a positive influence in the restraint of impulsivity and maintaining attention in tasks that require continuous effort (DuPaul & Stoner, 2003). In addition, stimulant medications have had a positive influence on hyperactivity (Manor & Tiano, 2012). They have also been found to improve aggressive behaviour, interruptive behaviour and disobedience to authority figures (Connor et al., 2002). Pharmacotherapy can also substantially improve the quality of interpersonal and social interactions among children and young people identified with ADHD (DuPaul et al., 1998).

Brown et al. (2005) reviewed a large number of studies on the effectiveness of pharmacological treatment on ADHD, particularly steroids such as Ritalin, in children of elementary school age. They concluded that pharmacological treatment was effective in improving the core manifestations of ADHD. According to Murphy (2005), who examined children identified with ADHD, medical interventions cannot 'cure' ADHD, but rather help individuals cope with the implications of ADHD and significantly improve their quality of life.

At the same time, several important disadvantages of medical support for ADHD have been recognized. The number of children and young people who do not respond to the medical treatment is estimated to be approximately 30% (Biederman et al., 2010; Spencer et al, 1996). According to DuPaul & Stoner (2003), among individuals who do not benefit from pharmacotherapy, children and young people identified with ADHD are divided into those who do not demonstrate any response

and those whose condition actually worsens in reaction to pharmacotherapy. The most significant conclusion has been that there is no guarantee that children identified with ADHD will respond to a certain stimulant, nor does a response to a certain medication confirm or disconfirm the identification of ADHD (DuPaul & Stoner, 2003; Manor & Tiano, 2012).

Among young people identified with ADHD a lower positive reaction to medications has been found in comparison to children (Evans & Pelham, 1991; Pelham et al., 2000; Seidman, 2006). Moreover, with children it is easier to 'enforce' pharmacotherapy, as young people sometimes discontinue the medication on their own due to social pressure and their desire not to appear different from their peers (Manor & Tiano, 2012). Lower compliance could also be linked to the fact that young people are able to exercise more autonomy in the face of potential side effects.

It should be noted that the proper dosage adjusted individually to each person identified with ADHD is critical in the treatment of ADHD. Dosage or medication that is not suitable or specifically matched for a certain individual can lead to resistance to therapy and even worsen the manifestations of ADHD (DuPaul & Stoner, 2010; Manor & Tiano, 2012). Often the adjustment of a medication and/or dosage is done through a trial and error process that requires patience and the ability for tolerating potentially serious physical and psychological side effects, such as irritability, sleep difficulties, decline in appetite, frequent headaches and deteriorated moods, among others (Barkley, 1998). For this reason, young people are more prone to discontinue treatment before it may have an effect on their ADHD manifestations.

The effectiveness of pharmacotherapy has also been found to be influenced by environmental factors. While stimulant medications have a direct influence on biological factors and brain mechanisms, their influences depend on environmental conditions (DuPaul & Stoner, 2010; Manor & Tiano, 2012). For example, studies have shown that in laboratory conditions in which children identified with ADHD were asked to complete tasks under different situations, the influences of pharmacotherapy on their behaviour were stronger in the presence of an adult in

the room and weakest when they were left to perform the same tasks alone (Northup et al., 1999; Manor & Tiano, 2012).

Another disadvantage of pharmacotherapy is that it does not provide support, counselling or guidance regarding the social and emotional difficulties that are related to ADHD (Manor & Tiano, 2012). Therefore, pharmacotherapy has proven insufficient in addressing the needs of individuals with ADHD and the need for emotional support has been emphasised (Safren, 2005; Plotnik, 2008; Biederman, 2007). In fact, medical treatment is not recommended as the first choice of therapy for children and young people identified with ADHD, mainly due to ensuing side effects. It is recommended when daily activities are disrupted and in severe cases in which non-medical therapeutic intervention is refused or when such an intervention proves unsuccessful. It is supposed to be prescribed only following a decisive recommendation and must be monitored for side effects. As such, the emphasis is on providing pharmacotherapy only as part of a more extensive therapeutic approach, whether social or psychological (NICE, 2008). 2.2.2. The social approach to ADHD

An understanding of social construction has emerged from the view that reality is perceived subjectively. That is, reality exists through the eyes of the individual and his or her concepts, values and experiences in the world (Shelski & Alpert, 2007). According to this view, reality is largely designed according to our perceptions, interpretations and responses to experiences. The theory of social construction refers to the interpretational examination of current social phenomena, based on the way people describe or understand the world in which they live. In this sense, human perceptions are social inventions and reality is socially constructed based on their definitions (Mather, 2012).

For example, the American DSM reflects the conceptions, definitions and social trends of American society. This reflection includes the interpretation of diverse behaviours and determination of what is and what is not 'normative behaviour'. The source of such definitions is in American scientific conceptions and ontology (Mather 2012). In contrast, many European countries do not use the

American DSM for diagnosis, but rather define Attention Deficit Disorder as a Hyperkinetic Disorder (HKD) (Lloyd & Norris, 1999). From this approach ADHD can be viewed as a socially constructed phenomenon that varies from society to society and culture to culture according to ecological factors (Bronfenbrenner, 1979).

According to Mather (2012), there are three central viewpoints surrounding the identification of ADHD. **The first** is biological, belonging to scientific discourse regarding which part of the brain is responsible for the 'disorder' and what is the medical treatment which can 'cure/treat' it. Mather (2012) argues that when ADHD is viewed as a medical phenomenon it is considered to necessarily require medical treatment and that this ignores the many other aspects of the condition and alternative approaches of support. **The second** viewpoint is placed between recognition that there is a biological trigger in the brain and social construction of the phenomenon, such that medical treatment can assist in severe cases. This position reflects the position of a large number of professionals in the U.K. which criticises American society for its excessive prescription of medical treatment (Lloyd & Norris, 2000). **The third** viewpoint objects to the biological explanation and perceives ADHD as representative of several developmental stages of the psychological-behavioural functioning of children. This approach objects to medical treatment and regards 'diagnosis' as a method of labelling and controlling children with behavioural difficulties (Lloyd & Norris, 2000). Labelling, or in other words stigma formation regarding ADHD, is central to maintaining social order.

Mather (2012) refers to Goffman's (1969) definition of social identity as a way of classifying certain characteristics of individuals in the process of stigma formation. According to Goffman humans perceive or see others by 'donning' them with certain characteristics shaped by their prejudgments in order to categorize and label them. Stigma is formed as a result of the gap between this perception and the 'real' characteristics of the individual. As the relationship deepens and the 'real' characteristics clash with the perception, the gap is perceived as a failure or a 'flaw' in the other individual who does not meet our expectations.

In terms of ADHD, disturbing behaviour may be manifested by children and young people identified with ADHD, especially in the education framework. Society which attempts to control children's behaviour repeatedly gives children identified with ADHD negative feedback because of its conception of how they should behave. When their behaviour runs counter to society's expectations, the feeling they experience is of failing to behave according to expectations and a sense that they are 'flawed' in some way (Lloyd & Norris, 2000). According to Mather (2012) the struggle against the stigma of ADHD, which is caused mainly by its definition as a 'mental disorder', is paramount. Only after the stigma has been eradicated can discourse redefine ADHD as a condition which also harbours strengths and advantages. Society should aim 'to help others in the rethinking and reframing of ADHD from a disorder or deficiency to that of an attention difference' (Mather, 2012, p.17).

Within this framework of social construction, the social definition of ADHD views it, not as a pathological condition to be 'diagnosed' and 'cured', but as a social (and socially produced) condition that is defined within a social and cultural context. The expressions of ADHD are individual and no one young person is similar to another in terms of how he or she experiences it or how society reacts to him or her.

Singh & Baker (2013) conducted the VOICES study which included 151 families of children and young people, aged 9-14, identified with ADHD in the USA and the UK. The participants, parents, children, young people and health service caregivers, were interviewed for the purpose of understanding the scope of support given by the healthcare system and education system in each country. The quantitative data that was gathered focused on manifestations, self-perceptions and identification. Findings showed a much higher proportion of ADHD 'diagnoses' among the American participants in comparison to the British ones. In the US, 15% of boys and 7% of girls of school age were given a medical diagnosis of ADHD, two-thirds of whom received medical treatment, while in the UK only 3% of both genders were given a medical diagnosis. According to Singh & Baker these findings are indicative of an over-diagnosis of ADHD among this age group. The researchers further found that support programmes as alternatives to medication were scant in both countries. These differences can in part be explained by differences in

qualifications to 'diagnose' ADHD granted to nurses, paediatricians, psychiatrists and neurologists in the US but only to specialist psychiatric services in the UK.

The VOICES Study was conducted from an ecological perspective, with the aim of analysing the complex relationship between the child and his or her environment. Two approaches emerged during the study: the performance approach and the conduct approach. In the first, ADHD is perceived as a difficulty in academic performance and emphasises the interference with cognitive achievements. In the US, the performance approach was more prevalent, while in the UK the conduct approach was predominant. However, in both countries cases of children who were unaware of their ADHD condition were found. Lack of awareness derived also from adults' silence regarding identification with the aim of discouraging children from asking too many questions. Research has shown that secrecy and silence promote the stigma of ADHD and engender anxiety and shame among children (Corrigan, 2012). Stigma can be a cause of silence as well as a consequence.

Another important finding from the VOICES Study (Singh & Baker, 2013) was that children from both countries reported that contact with medical experts was minimal. In most cases, they were given physical tests, including being weighed and measured, however no dialogue was conducted with them. For this reason, Singh & Baker conclude that more support should be given to children and young people to discuss their ADHD and increase their awareness and understanding of the condition. For ethical considerations regarding 'diagnosis' and the use of medications, as well as for humanistic reasons, it becomes clear that it is imperative to include children in the discourse surrounding ADHD and to learn from them about their experiences regarding behaviour, stigmas and support. Children and young people who met with professionals who included them in dialogue and formed a relationship with them (were not perceived as judgmental, provided explanations, and so forth) experienced such encounters as beneficial and raised motivation to become active partners in the process of support (Singh & Baker, 2013).

Thus, from the social approach the support that individuals identified with ADHD require is from their environment. Emphasis is on inclusion and support given

to parents and teachers (NICE, 2008). Alongside parent support groups, school-aged children are offered a variety of therapy groups (psychological, cognitive or social skills learning groups). Importance in providing support to the individual identified with ADHD by creating a more supportive environment with greater awareness of the condition has been recognized. This shift in attention of support indicates the significance of the school system as part of optimal support for students identified with ADHD.

Included in such support are psychosocial intervention programmes for children identified with ADHD. In the past these mainly focused on changes in behaviour patterns in regard to organisational skills and academic conduct (Smith, et al., 2000). For many years support offered to children and young people was mainly based on providing them with learning strategies to help them focus on their school work. Such didactic interventions were extremely limited and left all the other dimensions affected by ADHD unaddressed. With time family-based support frameworks were developed and are currently recommended (Barkley et al., 1992; Barkley et al., 2001). The essence of psychosocial support for children identified with ADHD has been primarily a training/educational programme for parents and educators.

Programmes based on the psychosocial approach to support young people identified with ADHD are scant in comparison to children (Plotnik, 2008; Biederman, 2007). According to Shechtman (2010) supportive-expressive therapy is 'an emotional outlet, an opportunity for openness and catharsis in a supportive, accepting group atmosphere in which there is also emotional and practical support' (Shechtman, 2010, p. 11). The main disadvantage of these groups is that they are mainly managed in a school framework over a short period of time and are intended only for students who have been referred by the educational team and who have been identified with social, emotional and behavioural difficulties. Long-term programmes aimed at providing social and emotional support specifically for young people identified with ADHD are at present not offered within the school framework.

2.2.3. The holistic approach to ADHD

Similarly to the social approach the holistic view of ADHD is also based on constructivist theory which regards reality as largely designed according to our perceptions and interpretations. However, this view has extended the dialogue around the definition of ADHD by including mental health professionals, psychologists, sociologists, and educators. This dialogue has led to a holistic conception of the condition (Shapira, 2004; Manor & Tiano, 2012; Barkley et al., 2002; Seidman, 2006). The holistic approach views the individual as taking part in the construction of his or her reality, from a subjective position, which places him or her at the centre. This conception encompasses the holistic therapeutic approach, which views humans as holistic individuals who possess the ability to choose how to construct and give meaning to their lives. The individual is more than just a sum of his or her parts. He or she should be viewed holistically. In this sense, ADHD can be defined through the holistic lens only by viewing the diverse dimensions of the individual, including his or her environment, social interactions and cultural context. Therefore, ADHD should be defined by holistically embedding the medical, social and emotional elements of the individual.

The holistic approach views ADHD as a multi-dimensional condition. While it recognizes the bio-neurological aspects of ADHD, at the same time it also perceives ADHD as dynamic and developmental, expressed differently from individual to individual, continuously changing over the various periods of the individual's course of life. Holistic therapy attempts to address the neurological, psychological and social dimensions concurrently. Identification should be approached by more than one expert in different areas of expertise (Shapira, 2004; Yishai-Karin & Perry, 2002; Pilkington, 2007; Manor & Tiano, 2012). According to this approach, identification of ADHD should include the following:

1. A clinical evaluation (which includes personal history and family background of the child)

2. A clinical examination (by a doctor specialised in the field and who can consider comorbidity issues)

3. Behavioural diagnostic questionnaires for parents and teachers: mainly because they hold a wider perspective of the child (in school and outside of school, social relationships and general functioning in school)

4. Additional diagnostic tools (computerised 'objective' tests, such as the Continuous Performance Test [CPT], psychological tests, cognitive assessment, psychiatric evaluation and assessment of learning skills, among others).

When used independently these various assessments provide only partial and often times misleading pictures. Gathering many and different types of resources and their juxtaposition is crucial in providing a comprehensive understanding of the individual (Yishai-Karin & Perry, 2002). In keeping with the holistic approach, no one tool or perspective is sufficient in identifying ADHD. Rather, only by a holistic view embedding all the resources by comparing the diverse perspectives can ADHD be identified.

According to this approach, therapy should combine different forms of support from different areas of expertise. The main programmes yielding empirical data are a combination of behavioural therapy and medication for the most part offered to children (Jensen et al, 2007; Satterfield et al., 2007; NICE, 2008; Manor & Tiano, 2012). In terms of assisting young people identified with ADHD, combined programmes have been suggested which include pharmacotherapy, psychosocial intervention and behavioural therapy (Manor & Tiano, 2012). Some experts have shown that behavioural therapy offers minimal benefit when provided with medication as compared to medication alone (MTA Cooperative Group, 1999). Others have reported data demonstrating that medication offers very little benefit when offered with behavioural interventions as compared to behavioural interventions alone (Pelham et al., 2000). Other reports have shown that relatively short-term combined programmes of medical and emotional group therapy are more effective, yielding more positive outcomes in both ADHD manifestations and social skills (Manor & Tiano, 2012; Shechtman, 2010). However, most of these interventions took place during summer vacation prior to children returning to the

school framework, or the interventions were comprised of a limited number of sessions (Pelham & Hoza, 1996; Conners et al., 2001).

Unlike therapy offered for adults identified with ADHD, therapy designed for children and young people requires the inclusion of parents and the education system for it to be most effective. Intervention programmes for children identified with ADHD that have been examined included stimulant medications and behavioural shaping strategies termed in the literature as either 'combined' or 'multimodal' therapy. (Barkley, 1998). Purdie et al. (2002) and DuPaul & Weyandt (2006), for example, studied the effect of school therapy interventions for children and young people identified with ADHD which combined pharmacotherapy and behavioural group therapy accompanied by parental guidance. Their findings showed improvements in behaviours and academic achievement, though the latter to a lesser extent.

The most comprehensive research that examined such an intervention was the MTA (Multimodal Therapy of Attention Deficit Hyperactivity Disorder, 1999) study which found that combined therapy was most effective in assisting children. The findings of the MTA study indicated positive outcomes for a combined approach and served as a basis for developing a summer intervention programme for young people as well: the Summer Treatment Programme (STP) (Sibley et al., 2012). The programme was modular and included the teaching of academic and social skills as well as training groups and providing parental guidance. The summer programme involved long days of activity which were divided into education groups that focused mainly on teaching learning strategies and interpersonal skills that took place at the end of the day. The group work was conducted in small groups and focused mainly on improving the participants' awareness of their interpersonal and social conduct with their parents and peer group. In practice, the group work involved role play and coaching the young people how to behave in social interactions. Role play involved a set of social skills that were taught during social situations. These included, for example, problem-solving strategies and ways to apply the knowledge that was acquired in the group and outside of it (in the classroom, the school yard, and so on). Group therapy also included time for the participants to engage in free play and

activity, in order to practice what they had learned in real time. The emphasis was put on interpersonal interactions and development of sports-related skills, mainly because many of them, especially the boys, avoided taking part in sports activities which allow for social interaction. It was found that they avoided such participation, even for fun, due to difficulties such as trouble concentrating, the tendency to lose the ball and difficulty being part of a team (Evans et al., 2004). The participants' parents also took part in the programme, mainly by participating in a guidance group. Guidance focused on teaching the parents how to maintain the skills that were taught following the summer programme. For example, they were taught how to support and encourage their children's social relationships and how to help them with their homework. The programme outcomes, rated by the researchers, teachers and parents, indicated significant improvement, especially in terms of organisational, behavioural and social skills (Sibley et al., 2012).

These seminal studies indicate that the most effective therapeutic interventions for young people identified with ADHD are interdisciplinary (Rief, 2005) and require a combination of psychosocial/behavioural interventions, pharmacotherapy (if necessary and recommended) and educational strategy interventions, involving the cooperation of the teachers, parents and the child (Manor & Tiano, 2012). Rief (2005) further recommends implementing in the school setting interventions that demonstrate, teach, practice and reinforce specific social behaviours. To achieve this purpose they should occur in small groups. The advantage of the small group lies in the increased chances for receiving positive feedback from peers and the increased chances for a successful transition from the practice group to the classroom or to other school settings. Flem et al., (2004), a prominent researcher of psychosocial interventions, emphasised that the basic components of combined therapy are parental guidance, academic interventions in the school setting and behavioural interventions that focus mainly on building relationships with the peers. Complementary psychosocial treatments using a combined approach have further been associated with a decrease in the need to prescribe medications (Steer, 2005).

While these programmes significantly highlighted the importance of combining medical and behavioural therapy, they had several shortcomings. First, they were short-term interventions which lacked continuity. Flem (2004) emphasised that it is crucial for all involved parties, especially parents and teachers, to take part and cooperate in a long-term intervention programme which should be sustained over years. Second, they were not embedded within the education framework, but as separate summer programmes (Molina, et al, 2009). Third, reports argued that the emotional aspect remained insufficiently addressed (Plotnik, 2008; Kopelman et al., 2013).

2.2.4 Approaches to ADHD in the Israeli context

The concept and definition of ADHD according to the Ministry of Education in Israel is based largely on the medical approach. According to the Ministry of Education in Israel a student identified with ADHD is:

> … a student with a normal cognitive capacity for learning who has an innate neurological disorder from which he or she suffers, and which impairs his or her functioning as a student in the school system (Dr. Yehudit Aldor, Director of Learning Difficulties in the Ministry of Education Ministry, July 15, 2013).

At the same time, the Ministry of Education further notes,

> Medication is only part of the treatment and the other parts that are equally important are parental and school staff guidance and emotional support for the child (Dr. Yehudit Aldor, Director of Learning Difficulties in the Ministry of Education Ministry, July 15, 2013).

That said there is a clear separation between the role of the Ministry of Education and that of the Ministry of Health regarding the support of ADHD. School staff guidance and child support are the responsibility of the Ministry of Education, while guidelines for the pharmacological treatment remains the responsibility of neurologists, psychiatrists and paediatricians, who are experts in this field and therefore the sole responsibility of the Ministry of Health (Eldor, 2013).

Identification of ADHD among children and young people in Israel is clinical and based on behavioural criteria in accordance with the DSM. Identification, according to the Ministry of Health, can only be performed by one of the following:

> An expert in paediatric neurology and child development, a specialist in child and youth psychiatry, a paediatrician with experience of at least six years in child development or a paediatrician who has practiced and gained experience in the field of ADHD, or an expert in adult neurology or psychiatry. Others permitted to diagnose this disorder include psychologists and experts who are specialised and have acquired experience in treating ADHD (Levi, 2010, p. 14).

These experts include resources from other professionals (social workers, occupational therapists, expressive arts therapists, and others) in order to reach a comprehensive clinical 'diagnosis'.

Despite the statement of intent that drug treatment is only part of the overall support that should be offered to individuals identified with ADHD, in fact the most common treatment in Israel is medical, mainly Ritalin prescription, as approximately 70% of children identified with ADHD are prescribed the medication (Shif, 2013). Extensive research conducted at the Schneider Children's Medical Centre of Israel (the leading children's medical centre in Israel) surveyed 121,000 children and young people and found that the rate of providing Ritalin for youth aged 6-18 has doubled over the last four years. In 2007, 3.6% of children took the drug compared with 7% in 2011 (Schneider Children's Medical Hospital, Issue 36, 2011). The drug report from 2007 to 2013 shows a steady increase in the use of the drug. With regard to the trend of increased use of Ritalin, the response from the Director of the ADHD Clinic at the Rambam Medical Centre was the following:

> The main reason for an increase in the use of Ritalin is a growing awareness of both the general population and teachers on the subject. This increase in awareness has led to an increase in the use of the drug in populations that were previously not exposed to the possibility of using the drug – both adults and adolescents (Shif, 2013, p.22).

The increased use of medication has obviously been accompanied by the rise in the number of medical diagnoses and the shorter diagnostic process. Moreover, there is greater use of long-term Ritalin among young people and adults (Shif, 2013; Or-Noy, 2009).

Public debate has grown in Israel regarding the upward trend in the use of Ritalin. Some see it as a sign of raised social awareness regarding ADHD which

addresses the need and provides an answer to improving the social and educational quality of life in children and young people. Others see the increase in the use of Ritalin as uncontrolled drug use for the main objective of improving academic performance, even among pupils and students who are not identified with ADHD. The same applies to the phenomenon of 'over-diagnosis', a phenomenon that has also been reported in other countries, such as the U.S. (Park, 2013).

In conclusion, conceptualisation of ADHD in Israel is mainly medical. In general, research on ADHD tends toward the neurobiological model of the phenomenon and medical trials. According to Rothenberger & Rothenberger (2012), the importance of scientific research is unquestionable for better understanding the phenomenon of ADHD. However, his view supports that of the medical approach and calls for more positivist research which would provide more 'objective' evidence regarding ADHD. This positivist stance is also taken by the Chief Scientist of the Ministry of Education who mainly approves of quantitative research inquiries on how to 'diagnose' ADHD and the effectiveness of 'treatments', and studies of this kind indeed abound. Despite the growing data that was presented earlier in this chapter regarding the benefits of a holistic approach to supporting individuals identified with ADHD, there are many obstacles to conducting qualitative inquiries that seek to explore the perceptions experienced by individuals identified with ADHD and the subjective experience they face as individuals, as was the case in the process of receiving approval to conduct the current study. This issue will be further explored in the Methodology Chapter (Chapter 3).

2.3 Young people identified with ADHD: Challenges and support

2.3.1 Social and academic challenges faced by young people

The medical and psychological point of view suggests that academic, emotional and social difficulties continue throughout elementary school and into high school (Barkley, 1998; 2002; Barkley, 2006; Barkley et al., 2008; Manor & Tiano, 2012). From this point of view young people enter a period in life course development with corresponding physical and cognitive changes and a process of constructing self-identity (Erikson, 1974; Schiff & Knopf, 1985; Gogtay et al., 2004;

Rankin, et al., 2004; Piaget, 2008; Solberg et al., 2009). Erikson (1974), a developmental psychologist, marked the beginning of this period at the end of the latency period, between the ages of 11 and 18, when physical and biological changes define the beginning of the period and society defines its end.

Furstenberg (2000) emphasises that the impact of biological and cognitive changes during this period cannot be divorced from the social ones. That is, biological and cognitive changes occurring during youth also play a part in the construction of social roles. Social skills play a significant role in the experiences of young people identified with ADHD (Hinshaw & Melnick., 1995; Hinshaw et al., 1997; Buhrmester et al., 1998; Bagwell et al., 2001; Frankel & Feinberg, 2002; Biderman, 2007; Estell, et al., 2008). According to parents of young people identified with ADHD their children suffer from significant social difficulties. They tend to have few friends and can experience high levels of social rejection, as they may also have done during their childhood years (Barkley et al. 1990; Bagwell et al. 2001; Barkley et al., 2006). However, social acceptance by the peer group becomes more crucial among young people and has more far-reaching consequences than in childhood (Furstenberg, 2000; Hoza, 2007; Estell et al., 2008). Young people spend a significant amount of time with their peer group (Rubin et al., 2006; Hoza, 2007). During this period the peer group has significantly greater influence than the family and parents typically have a limited influence and control over how their children choose to behave. Young people take an active role in choosing their peers at this age (Furstenberg, 2000). They invest a great deal of effort in forming social relations and seeking a sense of belongingness to the peer group (Manor & Tiano, 2012; Leitner, 2003). They generally both invest greater efforts and sense greater frustrations when facing these challenges or they tend to avoid attempts to socialize and opt for isolation (Plotnik, 2008; DuPaul & Weyandt, 2006). As a result, they and their parents often report a severe lack of friendship (Bagwell et al., 2001).

Society usually continues to view the behaviour of young people identified with ADHD as it did when they were children as aggressive behaviour (Goldstein & Goldstein, 1998; Leitner, 2003). It seems that society tends to misinterpret the behaviour of young people identified with ADHD as negative or inappropriate

instead of recognising that they may have difficulties with social skills (Edwards et al., 2001; Goldstein & Goldstein, 1998). However, with a supportive environment and guidance in social skills strategies, behaviour considered as hyperactive and impulsive may be channelled to positive energy, as young people identified with ADHD have often been described in the literature as energetic, enthusiastic and full of vitality and creativity (Lloyd, & Norris, 1999; Rief, 2005). If guided to enhance their social skills, they can learn to form meaningful and enriching relations with their peers.

In addition to the social skills challenges facing young people identified with ADHD, at the same time they face academic challenges. Studies have also found that their academic achievements may not represent their actual abilities (Leitner, 2003; Al-Yagon & Mikulincer, 2004; David, 2010). In fact, young people identified with ADHD have been described as extremely creative in finding ways to overcome their academic challenges and reports can be found of creative intelligence among young people identified with ADHD (Abraham et al., 2006. With appropriate learning strategies and academic support, young people identified with ADHD can reach high academic achievements (Raggi & Chronis, 2006).

However, society and the interaction with the mainstream education system has often been described as insufficiently prepared for meeting the needs of students identified with ADHD and fail to provide them with the support they need (Shapira, 2004). Rather, educational staff often misperceives them as unmotivated, slow and possessing weak abilities (Yishay–Karin & Perry, 2002). The majority of interventions are designed to support younger children identified with ADHD and may therefore be inappropriate to the needs of secondary school students. Support designed for meeting the distinct needs of young people identified with ADHD in terms of the physical, cognitive and social changes they experience at this stage in their lives is scant. Such support should focus on encouraging them to express their advantageous and positive characteristics and assist them to actualise their full potential (Barkley, 1998, 2002). This process can eventually empower young people identified with ADHD by reshaping their perception of ADHD as a benefit over others and as a source of strength.

2.3.2 Supporting young people identified with ADHD

In the attempt to support the social challenges faced by young people identified with ADHD, group therapy has been found valuable (Shechtman et al, 1997; Rubin et al, 2006; Shechtman, 2010). The social skills learning group intervention programme explored in the current study is based on group therapy that places social skills learning as the main objective. The programme is facilitated by expressive arts therapists, mainly drama therapists, who guide a group of young people identified with ADHD within their school environment. In this section the literature on group therapy upon which the social skills learning intervention programme is based is presented and discussed.

2.3.2.1 Group therapy

Group therapy refers to psychotherapy that involves several individuals guided by one or more therapists. It can be provided alone or as part of a wider support including medication and individual therapy. According to Yalom & Leszcz (2006) group therapy involves several principles. Among them, universality refers to belonging to a group that shares the same experiences and realising that one is not alone. Imparting information refers to sharing knowledge about one's difficulties which can assist others dealing with the same difficulties. Altruism refers to participants sharing their strengths to assist others, thereby building their self-confidence and self-esteem. Another principle refers to the family unit simulation that the group offers, where within the group participants can explore childhood experiences in attempt to understand and change certain behaviours. As such, group therapy also offers an opportunity to develop socialisation techniques and interpersonal relations in a supportive environment, as participants provide feedback to one another. In such an environment the group shares a common goal which unites the participants to form group cohesiveness as the therapist models behaviours for the participants.

At present, most therapeutic programmes designed specifically for children and young people identified with ADHD, whether in the psychosocial, combined or holistic approach, are in the form of group therapy (Shechtman, 2002; 2010). Group

work based on behavioural therapy has been found to be beneficial not only in improving learning skills (reading and writing), but also in enhancing social behaviour and social skills in children and young people identified with ADHD (Bredberg & Siegel, 2001). Hinshaw (2007) proposed group therapy combining cognitive-behavioural therapy (CBT) and medication for young people identified with ADHD to enhance peer group interaction and interpersonal relations. The principles of the therapy included the use of positive reinforcement to achieve self-regulation.

Another type of group therapy is based on the humanistic approach which employs verbal tools to heighten self-awareness, in general, and awareness of ADHD, in particular (Shechtman & Bar-El 1997; Shechtman, 2010). Examples of such programmes include groups that offer counselling and guidance so that the group participants can understand the implications of their behaviour on others (Webb & Myrick, 2003) or groups that offer guidance in social skills for children and young people identified with ADHD (Antshel & Remer, 2003). Studies have found that group activity that offers such emotional counselling enhances children's adaptive ability and improves their scholastic achievements (Holmes & Sprenkle, 1996; Shechtman et al., 1996). It has the potential to provide an experience of belonging, support and acceptance (Yalom & Leszcz, 2006).

Regardless of the approach applied in group therapy, the expressive arts offer a wide range of tools that assist the group members to express their feelings. Whether through art therapy, dance therapy, bibliotherapy or drama therapy, among others, researchers have reported the benefits the expressive arts can offer in facilitating young people. Drama therapy in groups is a process that examines the connection between the group members from a dramatic point of view. The subject of transference in drama therapy is significant in itself. Landy (1996) defined the concept of transference in drama therapy as when a person turns the real role of the other into a symbolic role and recreates a new reality according to his or her subjective point of view. Jennings (1994), who developed the theory and application of drama therapy, defined the concept as when two actors cast various roles on each other and behave towards each other as if he or she were in the other's role. In the group work of drama therapy, the psychodynamic can be described as an act of

dramatic imagination when the participants in the group 'transfer' their feelings toward their parents onto the group facilitators (Jennings, 1994). This means that the participants in the group consciously know that the group facilitators are not their parents, but they behave as if they were. In drama therapy this form of transference is what creates the essence of the therapeutic relationship. The members of the group are perceived as the ones who take upon themselves actual roles like in the theatre (Landy, 1996), such as the victim, the bully, the baby and so forth. Role play becomes possible in the group and redefines itself in the group context. The group participants are given the opportunity to re-examine the role they took upon themselves or that was assigned to them. For example, a young person in the role of the victim or the scapegoat can decide (with the mediation and guidance of the facilitator) to change his or her role or to base him or herself on that role, while getting real time feedback from the other group participants (in actions or in words).

Numerous therapy programmes according to the different approaches described here have been developed around the world in recent years (Frankel & Feinberg, 2002), but insufficient emphasis is placed on the social aspect and the need of young people identified with ADHD to learn social skills (Biderman, 2007; Plotnik, 2008). As academic difficulties are typically addressed by the education system and the emotional difficulties are addressed by therapeutic support, social skills lie in a grey area, often left unaddressed. Social skills programmes within the school framework have been found effective as part of a more comprehensive therapy approach, however, emphasis has mainly been placed on providing medical and academic support, with social skills placed lower in the ladder of priorities (DuPaul & Stoner, 2010). Programmes offering social skills learning have generally been designed for children rather than young people and they are typically short-term (Evans, et al., 2009). Intervention programmes in Israel which have provided support specifically for social skills learning have mainly been offered in the private sector and have remained outside of the school framework (Biderman, 2007).

2.3.2.2 Social skills learning groups in Israel

The gradually growing understanding that children and young adults require a more holistic approach, other than strictly pharmacological treatment for the purpose of academic achievements, has emerged in the past decade mainly in the private sector. In Israel several intervention programmes for enhancing social skills have been offered outside of the school setting to children identified with ADHD, but less so for young people identified with ADHD, (Biderman, 2007; Plotnik, 2008; Shechtman, 2010). Biderman (2007) examined such a programme designed for children and young people, aged 9-13, who were identified with ADHD. The group focused mainly on the acquisition of social skills by adopting the principles established by existing therapy treatments in the field and modifying them for children identified with ADHD. The aim of the group was to improve the participants' social skills and adaptation abilities by reducing behaviour considered 'unacceptable' by the social environment in which they lived. The group participants studied in different areas and were referred to the group by the Child Care and Family Centre for behavioural and social reasons. Twenty-two children and young people participated in the group which held 15 sessions over several months. The study examined the effectiveness of therapy groups for instilling social skills among children identified with ADHD and the nature of the relationships established among themselves and with the group facilitators. Findings indicated an increase in social adaptation among the intervention group in comparison to the control group (young people identified with ADHD who did not participate in the group).

Moreover, Biderman (2007) found a significant improvement in the relationship between the group participants and their facilitators and a significant improvement in the relationships between and amongst the group participants. Findings indicated that the better the therapeutic relationship with the facilitators, the greater the improvement in internal measures of the group participants (anxiety and depression) as well as in external measures (aggressive behaviour and impulsivity). The group participants also showed enhanced social adaptation. Interestingly, this improvement was found to be linked only with the nature of the relationship with the facilitators. In terms of the relationships amongst the group

participants, the better the relations with the facilitators, the more the group participants were able to build interpersonal relationships among one another.

Based on such findings, the Israeli school system has made initial attempts to integrate support beyond academic strategies for learning difficulties within the school framework. Shechtman and her staff of therapists (2010) introduced interventions into the Israeli school system framework under the name of 'group counselling and therapy'. These interventions were based on a number of sessions scheduled over the academic year. The rationale was to conduct these interventions at school in the children's natural environment where professional assistance could be offered to them. Children who would otherwise not have turned to therapy on their own were offered counselling to lower distress. It was found that participation in these groups was effective in solving various social, emotional and behavioural problems. However, the intervention was not designed specifically for students identified with ADHD, but rather to certain students who stood out more than others, who were labelled as 'problematic' and who were referred by the teachers and other staff members. Other students who were more reserved but not without difficulties, were not identified as requiring support. The group therapy was short-term (15 meetings on average) and the focus was on the group process rather than on practicing and acquiring social skills.

Another important development has been the 'Eyal' programme, which was established in Israel in 2009. This programme was activated during 2009-2012 in two centres simultaneously: The Learning Disorders Centre at Schneider Children's Medical Centre in Israel and a high school in Tel Aviv. It was financed by the Social Security Institute and the Ministry of Education (2013). The 'Eyal' programme was devised and initiated by Dr. Daphne Kopelman-Rubin, Head of the Learning Disorders Centre at Schneider Children's Medical Centre, together with Dr. Yehudit Aldor, Director of the Department of Learning Difficulties in the Ministry of Education. The programme was run by SHEFI (Psychological Advisory Services), the Tel Aviv municipality's supervision and monitoring of post-primary education and a senior team from the Ministry of Education. This cooperative initiative is indicative of the shift that has occurred in the understanding of ADHD as a more comprehensive

condition, the support of which requires a multi-dimensional approach. The 'Eyal' programme was designed for young people between the ages of 13-15 who were identified with ADHD, learning difficulties and other related difficulties. The objective of the programme was to promote academic, emotional and social developments of 'high risk' students (Schneider, 2012). Participants in the programme included 44 students identified at the Learning Disorders Centre at Schneider Children's Medical Centre and 47 students identified by the school staff in Tel Aviv (by the mainstream education system). An individual programme was designed for each student, taking emotional and educational aspects into consideration.

The programme was implemented in several stages:

1. Organising an urban infrastructure and training team including the Head of the Education and Welfare Department and the Head of School Psychological Services in Tel Aviv.

2. Training school staff, which included intensive training of staff sharing knowledge (professional and research), practical training dealing with didactic and emotional aspects of the difficulty and specific advanced training for educators appointed to be case study managers (which also included the subject teachers of those students participating in the programme).

3. Activating the intervention programme – a psychodidactic intervention that included academic support and weekly meetings among the educators chosen to be case managers, between the case managers and the students, and between the case managers and parents. The meetings were held in small groups according to the programme protocol. All meetings included training sessions with the case managers and the school psychologist and/or pedagogical head of the school. The purpose of the training and the ongoing guidance for the case managers was to build a support and supervision structure in order to enable a reflection process and dynamic conclusion process (i.e. the programme was flexible and adapted itself to the different needs that arose).

4. The final stage – the end of the training process and independent operation of the programme included the therapeutic-educational team's specialised input on the subject of ADHD and learning difficulties so as to build an appropriate organisational infrastructure in order to develop and adapt a working model to support the students, both emotionally and academically.

The programme included 12 weekly meetings with each student and his or her parents according to the advisory protocol. The follow up stage included six meetings that took place over one and half years from the day the intervention ended. A mixed methods approach was applied to evaluate the programme, using interviews and questionnaires to gather data from the therapeutic team, educational team, the families of the participating students and the participants themselves – the students. The findings revealed that, in general, the intervention programme had a positive impact. The professional aspect of cooperation enabled the development of a detailed and comprehensive working protocol. Professional development and professional tools by the educational staff were acquired as their sense of empowerment increased. There was a positive change in the self-esteem of both students and teachers alike. The significant role of dialogue between the educational and therapeutic teams was recognized. Regarding the interpersonal aspect, it seems that there was a significant improvement in the relationship between the teachers and the students and among the students themselves, with an increased awareness of the difficulties on the part of the students and teachers alike.

Academically, there was an improvement in motivation and scholastic achievement among the students. Findings revealed that approximately 50-70% of the students participating in the programme showed improvement in their academic achievement as well as improvement in their moods and interpersonal relationships with their friends. Despite the success of the programme, the intervention lacked continuity beyond the specific timeframe of the experimental protocol. Moreover, it was offered to a limited number of students identified as at most risk, rather than the general population of young people identified with ADHD. Further limitations discussed by the researchers were the lack of significant inclusion of parents as part of the process and the participants reported that emotional support was insufficient.

Unlike the short-term interventions typically designed for children and offered as therapeutic programmes separate from the school framework, the intervention examined in this study was designed to facilitate young people identified with ADHD as part of the school curriculum and thus to support the students for the long-term period of four years. The academic, social and emotional support provided at the school were not separate interventions, but rather comprised the very curriculum of the school under the assumption that all three axes are interrelated and should be addressed concurrently. Rather than sending students to diverse programmes, separated by discipline and geography, students were supported at the same time and in the same place by a unified inter-disciplinary programme that attempts to meet the diverse needs of the students.

2.4 Therapy and education: Two disciplines under one roof

Examination of the impact of joint work between therapeutic and educational professionals that surrounds children presents a generally positive view. The 'Eyal' programme described above (Schneider, 2012) is one of several integrative projects that have been initiated around the world which have illustrated that a model which encourages a focused approach to the child can improve responsibility and transparency between the services working with young people in collaboration between them (Manor-Binyamini, 2003, 2004; Frost, 2005; Frost & Stein, 2009). Based on this model, the Integrated Qualifications Framework in the U.K. was developed and centred on a common core of skills and knowledge for the working force aimed at providing assistance to children (Children's Workforce Development Council, CWDC, 2010). The main principles comprised six key aspects: enhancing the development of children and young people, their protection and improved welfare, effective communication and involvement, support during transitions, interdisciplinary work and shared knowledge.

In Israel, as in much of the world, recent years have witnessed a change in the perception of child welfare expressed by a transition to multidisciplinary integration within the profession. Prior to this change, child welfare was organised through separate organisations whose identities varied according to cultural,

geographic or political associations. These umbrella organisations worked with associations for children and young people and associations focusing on education, health or social welfare (Frost & Stein, 2009). However, such organisations lacked flexibility as they focused solely on their specific population of caretakers. As a result, in the U.K. attempts have been made to develop policies and interventions adapted individually to the specific needs of each person, taking into account all the relevant factors (Yeatman, 2009). The main shift has been placing the child or young person and his or her welfare at the centre as a consumer of services around whom the various services must organise and integrate.

Together with understanding the interaction and influences that exist between the child and the system in which he or she lives and learns, perception has changed in Israel. This shift in perception has been expressed by the more holistic approaches applied to support students identified with ADHD and learning difficulties (Barkley et al., 1990; Mayes et al. 2000; Shapira, 2004; Spektor, 2000; Vinkler, 2009). At the same time providing holistic support requires integration and cooperation between the diverse areas of support, particularly within the education system.

Friend & Cook (2000) argues that the term 'cooperation' is frequently used at schools, while the way professionals perceive cooperation is based more on expectations than on established principles. Several researchers (Lacey & Ranson, 1994; Manor-Binyamini, 2003; 2004; 2009) claim that examination of this issue is extremely difficult since cooperation concerns interactive processes and situations in which there are complex psychological dynamics that include implicit and explicit aspects and an intricate system of both positive and negative emotions and events that affect the professional relationship (Lacey & Ranson, 1994). Research on cooperation requires conceptualisation of the cooperation process and exploration of the major components it involves.

Manor-Binyamini (2003) refers to three main approaches to cooperation between interdisciplinary staff. The first is the multidisciplinary staff which identifies, prepares and applies a tailored working programme for the student (or alternately,

for the class). The second is the interdisciplinary staff which identifies and supports the student or class separately, while all the professionals who work with the student meet regularly for mutual reporting and informing. The third is the trans-disciplinary staff who identify and support the student or class separately, while the results are assessed and the working programme is designed in joint discussions that include all the staff members.

Cooperation between the staff has advantages as well as challenges that need to be considered. The major advantage, as discussed above, is the ability to see the student as a whole. Professionals construct a holistic view of the student and can identify his or her strengths and weaknesses in the learning, emotional, social and behavioural domains. The collection of all the information about the student enables informed decision-making about how to support him or her and how to conduct follow-up evaluations. Support is jointly planned and followed up so that the students' needs are met comprehensively (Manor-Binyamini, 2003, 2004; Frost, 2005; Frost & Stein, 2009).

Researchers believe that the result of cooperation among an interdisciplinary staff is more significant than the sum of the work each of them would have performed separately (Lacey & Ranson, 1994; Wright & Kersner, 1998). Wright and Kersner (1998) emphasise the personal qualities necessary for cooperation, including flexibility, openness, listening, tolerance and acceptance. These qualities influence the attitude of the staff towards the task and the joint activity.

The research literature also highlights the challenges inherent in such work which stem mainly from conflicting professional ethos and interests, from the tendency for secrecy to professional intimacy (Manor-Binyamini, 2003; 2004). Another challenge can emerge from one specialist's lack of understanding of another's expertise and the apparent status differences between the disciplines (Lacey, 1996). Manor-Binyamini (2003) found the different participation levels of professionals from various disciplines depend on the status awareness of those disciplines. She sees the challenge in establishing trust and sharing information as central to problems in team work, while Rainforth and York-Barr (1997) argue that

the challenge lies in building trust and sharing knowledge which stems from many reasons, including battles between different specialists over 'territory' and struggles over the definition of roles and situations. Friend et al., (2010) emphasise that successful partnerships are difficult to develop in the absence of continuous unified supervision or guidance. Who decides 'the rules of the game'? What moral and discipline code does one follow, that of the school, the teachers or the therapeutic staff?

Thus, feelings of insecurity can be intensified in cooperative work. Wadsworth and Knight (1996) suggest that professionals need to be prepared for working in an interdisciplinary staff. Staff members from specific disciplines need to be prepared for assuming new roles and responsibilities. Awareness of the importance of cooperation amongst the staff should be raised and professionals should be provided with techniques, regulations and assessment tools, data collection skills and techniques for sharing and conducting dialogues.

But when a specific cooperative model is new to a school and it develops and changes with time, how can one prepare for it? Manor-Binyamini (2003) suggests an ethnographic model of cooperation. According to her, it is especially important that the professional staff members practice cooperation that aims at sharing knowledge and information. Cooperation of this kind involves dialogue concerning a mutual dilemma. The common issue in the shared dialogue is assumed to be the student, but actually the dialogue more often revolves around the challenges the professionals, each in his or her own field, experience in their work with that student. The sense of helplessness, frustration or anger when expressed in dialogue can lead to the development of interdisciplinary skills, such as listening, observing other professionals, raising questions, mutual stimulation, putting in question accepted school and systemic conventions and an opportunity for proposing new ideas. The shared opportunity to discuss dilemmas allows professionals to formulate new insights that may lead to a new perception of the student.

Professionals who cooperate by sharing are able to deconstruct their definition of a situation and are more willing to re-construct a new definition of it

together (Manor-Binyamini, 2003, 2009). This cooperative process elicits and reflects different professional opinions, contradictions, confusion, questions and conflicts, which eventually leads to a change in the paradigm of each staff member. The emergence of new information is based on paradigmatic change, referring to the process experienced by the participant able and willing to change his or her point of view.

Research on the impact of integrated work on professionals from diverse disciplines has shown that, in general, their reaction was positive and they reported that integrated work developed and enriched their professional practice (Abbott et al., 2005). Other professionals have reported finding their work rewarding and stimulating and they have also reported lower stress levels as a result of integrated work (Atkinson et al., 2007). According to Atkinson, integrated work can lead to a better understanding of the roles of other professionals and to greater awareness of the needs of children and their families.

Studies on the challenges of integrated working have identified the uncertainty of professional identity as a result of unclear boundaries of role definitions and the added work burden (Atkinson et al., 2007). Some professionals have reported anxiety and frustration stemming from the ambiguity in integrated work and a need for drawing a clear work plan delineating the specific practices of each staff member (Brandon et al., 2006). In order to counter and prevent these challenges, training for cooperation between the disciplines is required.

The holistic approach requires a different look at traditional training models which encouraged separation of the disciplines and reinforced negative attitudes towards professionals from other disciplines and interdisciplinary work (Frost, 2005; Frost & Stein, 2009). Interdisciplinary training has decreased the obstacles of working in collaboration (Sloper, 2004) and shed light on the need for greater training for new staff members in order to promote cooperative work. Findings regarding joint training and professional development indicate that it can reduce obstacles of joint work, increase awareness regarding the roles of other professionals and assist the staff members in coping with concerns over their

professional identity (Cameron & Lart, 2003; Manor, 2009). Interdisciplinary training can also help staff members define their professional identity in a way that it is maintained yet linked to integrated work (Frost & Robinson, 2005; Anning et al., 2006).

One of the potential difficulties involved in building a psychodidactic intervention programme is the differing worldviews held by education and therapy (Katan & Sang, 1984; Manoni, 1993; Greenwald-Kashani & Matichas, 2009; Manor-Binyamini, 2009). They view the individual, group or organisation from different spectrums and it can be argued that therefore they approach the student from two different aspects. While the educational view emphasises the acquisition of pre-established educational content and is mainly interested in the functionality of the student and his or her achievement and adaptation in class, according to the therapeutic approach the content is not known in advance, but arises from the work with the individual or the group. The therapeutic process focuses on the 'here and now' (Yalom, 1995; Yalom & Leszcz, 2006) and on the subjective-emotional experience of the moment.

The educational approach is mainly interested in the adaptation of the individual to achieve tasks that are perceived as academically and behaviourally desired by the education system. The ability of the child to understand behavioural 'norms' and develop learning skills is the objective. Another functional field is social skills which focuses on the ability to act according to general social codes, such as the ability to restrain oneself, regulation of aggressive behaviour and the ability to enter a dialogue. According to the rationale of the educational-adaptive approach, change can be instilled and evaluated using objective criteria, that is, evidence-based measures as well as the agreed consensus of observers. The student's achievement level can be and often is measured by using standardised tests. The focus is on the functional aspects that can be quantified and measured. In contrast, the therapeutic approach is in essence interested in the inner world of the individual in the group or organisation. The therapeutic approach attempts to understand the meaning the individual ascribes to events that he or she considers relevant. The subjective world is the focus of the exploration according to this approach (Manor -Binyamini, 2003).

The existing conflicts between the two disciplines can lead to heightened tensions, anxieties and struggles, both explicit (openly discussed) and implicit and even subconscious. The therapists/group facilitators are sometimes perceived by the teaching staff as patronising and 'voyeuristic'. It is also often perceived that they attempt to remain in the position of the 'good object' in their interaction with the students (Manoni, 1993). However, the two positions need not be in conflict, but can instead complement each other. That is, they are both essential for the psychological development of the child or young adult. In order to co-exist they must enable mobility from one professional domain to the other, but their distinction must be clearly understood. The distinction is not only intra-professional but also organisational, since in the context of interdisciplinary staff meetings, power struggles, dynamics and patterns quickly surface among the different agents in the system (even if they are subconscious) and these can influence the balance among them.

In order to achieve successful cooperation for the integration of the diverse support systems aimed at assisting children and young people, the school is required to adopt a holistic approach and to crystallise principles that will change the institution from one that is responsible for imparting knowledge to students to one that creates and fosters an educational space for personal growth in various aspects, i.e. the objective of the school staff is to get as close as possible to the student's subjective and objective world instead of seeing the student as an object that is required to fulfil 'normative' tasks. To this end both the educational and therapeutic disciplines need to be 'free' of old agendas and restrictive roles so that they can identify goals and tasks arising from the 'here and now' (Anning et al., 2006). Underlying psychodidactic interventions based on these principles is the interpersonal and professional relationships between the staff teams and the students. The interaction between the teams creates a common learning philosophy and language necessary for mutual understanding and working together long before the practice itself is applied (Anning et al., 2006).

Wenger (1999) refers to the learning process of staff teams as creating a shared professional agenda and structuring a new professional identity. He uses the

following terms to describe these processes: ‘communities of practice’ and ‘knot working’. The first term, ‘communities of practice’ describes the learning process in the organisations as a process of social construction through negotiation and joint construction of a new form of knowledge. Wenger refers mainly to creating a multidisciplinary agenda that seeks to address the cooperative structuring of a new professional identity as a product of collaboration between the teams. The second term, ‘knot working’, refers to the idea of teamwork that concentrates on situation-specific, object-orientated, distributed activities, rather than on the specific professionals involved (Anning et al., 2006). The essence of the relationship is focused on shared learning and it requires clarity and sharing the knowledge that each team has.

According to Anning et al (2006) there are two types of knowledge – codified and personal – and professionals need to be trained to deploy both in the workplace. The multidisciplinary team maintains a constant dialogue with two new identities: the ‘original’ one and the new one which is created by cooperating together. A multidisciplinary team can help shape the policies of the educational system in which it operates by deciding on objectives, fostering the organisational climate, changing stances, creating new work models, formulating roles and responsibilities and developing coping resources in the system as a whole. This team can also encourage discussion and gain experience that will enhance the ability to solve problems, both on an individual level and a systematic level.

The formation of a multidisciplinary team and the identity questions this process raises, however, is not without challenges. Frost & Stein (2009) illustrate the complexity of the issue of professional identity by asking whether the analogy to multidisciplinary work should be 'soup', in which the original professional identities can no longer be identified, or rather, to a 'fruit salad', with a shared identity, but in which each of the original elements can be identified.

It should be noted that the joint working frameworks that have been described and examined thus far mainly refer to multi-staff work between diverse agencies and disciplines that do not share a common roof. The majority of

multidisciplinary team work has comprised the cooperation of welfare services, mental health services and education systems, each contributing their efforts from their base of support. In the current study, multidisciplinary work refers to diverse disciplines, mainly comprised of educational and therapeutic staff members, co-existing in the same school, sharing one common roof. The study explored in depth the development of joint work between the diverse disciplines working together under the same roof, the process of integration and the identity questions the process raised.

2.5 Summary

A review of the literature revealed a diversity of often conflicting views of ADHD which can be broadly divided into three main approaches: the medical, the social and the holistic. Each approach defines ADHD according to its conception of the condition and as a result employs different methods to identify ADHD and to provide individuals identified with the condition with support.

The discussion surrounding identification of ADHD and support has mainly focused on children and less attention has been given to young people who face specific challenges, both academic and social, related to the transitional changes they experience which are related to this period. One of the main challenges young adults identified with ADHD face is social in nature and the literature has therefore argued that social skills learning can be of particular benefit and provide support to young adults. Several intervention programmes, particularly group therapy, have been designed to support young people identified with ADHD, but their benefits have not been conclusive. The literature on such programs has mainly criticised the short term nature of interventions and their lack of continuity. It has also criticised the mainly academic and behavioural focus of such interventions which often fail to address the emotional or social needs of young adults. Nevertheless, research has consistently shown that cooperative projects that provide multi-disciplinary support offer beneficial support to young adults identified with ADHD.

The literature on cooperative work between the disciplines of therapy an education indicates that while challenges arise in joint work, the benefits outweigh

them. Joint work has typically been found to generate dialogue, lead to better professional identity and eventually greater support of the student. However, joint work as described in the literature has typically explored cooperative projects that in practice do not function under the same roof.

Based on the literature described and discussed in this chapter, the current study explored the integration process of therapeutic intervention programme within an education framework as both disciplines were required to work in cooperation under the same roof. The intervention was based on the holistic approach and aimed to support young adults identified with ADHD in their acquisition of social skills in group therapy as part of the school curriculum. The following chapter will describe the methodology upon which this study is based.

Chapter 3: Methodology, Positionality and Ethics

3.1 Introduction

The previous chapters outlined the main approaches applied for assisting young people identified with ADHD and described the holistic approach upon which the social skills learning group intervention programme in this study is based. This study explores the perceptions of the educational and the therapeutic staff toward the social skills learning group intervention programme and the group participants' perceptions at different stages of the intervention. This study explores how all of them view the support provided by the social skills learning group intervention in the acquisition of social skills. It also examined the challenges of integrating a social skills learning group within a school framework.

In order to achieve these aims, a mainly constructivist methodological approach was applied in this study in accordance with my views as a therapist and researcher. The ontological and epistemological stances underpinning this study are related to these approaches and consequently have guided the process of data collection and analysis. This chapter describes the constructivist approach used to conduct the study and my position as an insider researcher within this primarily qualitative research. This description is then followed by a discussion of why a case study approach was chosen as the most appropriate methodology for achieving its aims.

3.2 The constructivist paradigm

Constructivism refers to a holistic approach to examining phenomena. According to the constructivist position, as its name suggests, reality is constructed rather than pre-existing and waiting to be discovered. Unlike the positivist tradition which regards knowledge as one ultimate truth to be uncovered by the researcher, knowledge in the constructivist paradigm is multidimensional and is created by the diverse viewpoints and experiences of the participants involved in its construction (Robson, 2002; Dunne et al., 2005; Cohen et al., 2007). To better explain the difference between the two approaches, Kvale (1996) provides the miner/traveller

metaphor. According to Kvale (1996) the positivist researcher is like the miner who digs for knowledge assumed to exist and waiting to be exposed or discovered, the constructivist researcher is a traveller taking part in constructing knowledge with the participants of his or her investigation. Therefore, the constructivist researcher who aims to understand human behaviour and social phenomena is not a detached observer standing on the side lines. Rather, the researcher is a participant within the human interaction examined and is an integral part, alongside others, in developing and forming the reality of the examined situation (Maykut & Morehouse, 1994; Patton, 2001; Shkedi, 2003).

This study aims to depict the construction of a complex human phenomenon – the experience of integrating a social skills learning group intervention programme designed for students identified with ADHD within a school framework – in order to gain a deeper understanding of this phenomenon. This study focuses on exploring the perceptions of the social skills learning group participants and of the educational and therapeutic staff members regarding the experience of participating in the process. Within the constructivist paradigm qualitative research examines perceptions of experiences through the eyes of the participants. Qualitative research posits that by exposing the inner perceptions of the subjects, we can better understand inner processes that are otherwise concealed. As such, qualitative research is less concerned with quantifiable or measurable criteria, which is useful in assessing objective outcomes, and more interested in the subjective views of the participants undergoing the process examined.

My personal history as a senior facilitator in these groups plays a significant role in shaping my own perceptions and experiences, which constitute a part of the field materials in this research as well. Unlike the detached objective positivist researcher, the involvement of the researcher in qualitative research within the constructivist paradigm stems from an empathic position.

> If we want to understand social life, what motivates people, what their interests are, what connects them with and what distinguishes them from other people, what values and beliefs are important to them, why they act the way they do, and how they perceive themselves and others – we have to

> put ourselves in their position and look at the world with them (Woods, 1996:38).

Nevertheless, empathy and subjectivity do not necessarily denote bias. One of the methodological problems a researcher faces as a qualitative researcher is finding the appropriate path between involvement, participation and empathy and the distance that enables critical thinking. To resolve this problem I attempted to develop relations of closeness, trust, identification and sensitivity with my participants as my therapist/facilitator role necessarily requires of me. At the same time, this type of involvement required reflection. That is, throughout the process of conducting the study, I maintained awareness of my role as a researcher which required me to stop and think beyond the experienced situation in order to conduct a discourse with myself and to process the events that had taken place. This required the ability to stand on the side lines and re-examine the understandings I had gained at each stage (Maykut & Morehouse, 1994; Woods, 1996).

3.3 Insider research

Insider research refers to the researcher's direct involvement or connection with the research setting. As the aim of this study is to explore the perceptions toward the social skills learning groups and the process of integrating it within a school framework I was in the unique position of being both the facilitator of the groups and the researcher of their experiences. This dual role placed me within the examined context as a participant within the construction of the studied phenomenon. It enabled me to assimilate myself within the social context as an inside member. Such a position facilitates direct access to the participants and the situations examined, as they have already established a trusting relationship with one another. An outside researcher, unfamiliar with the particular situation, context or the participants, would likely meet with greater resistance and lack of trust and this may be an obstacle to eliciting data. Thus, my acquaintance with the students permitted openness without the need for a lengthy adaptation period and a process of mutual trust building. These had already been established and I was able to identify intricate and subtle situations and relations that may otherwise have been

overlooked by an outsider, constituting one of the main advantages of insider research (Tierney, 1994; Robson, 2002).

In such an inquiry, the relationship between the researcher and the research participants is a subject-subject relationship. That is, the participants are not objects of research, but rather they are participants involved in a dialogue with the researcher (Halaby, 2009). In the current study the relationship between me and my research participants was in many ways similar to a therapist-patient relationship. This relationship is based on mutual respect, empathic listening to the words of the research participants, openness and consideration. Patton (2001) notes that in such cases in order for the researcher 'to understand the world' he or she must 'become part of it, and at the same time remain separate from it, part of and separate from the world' (p.21).

For this reason, the access I had as an insider researcher, a participating member of the construction of reality, required at the same time a great deal of self-awareness and self-examination to ensure that all the views and voices were given expression without my interference. That is, this examination obligates sensitivity to the way in which the values of each participant are expressed without an interfering influence of my personal interests, views and values (Shkedi, 2003). My interpretation of those views expressed, while clearly influenced by my experiences and objectives, aims at maintaining the essence of the participants' voices. Thus, the challenges I faced included the need to conduct an ongoing self-examination, to maintain self-awareness and to refer to my work critically.

My focus from the start of the study underwent a gradual shift. At the start of the study, I attempted to explore the implications of the intervention programme and its benefits for the social skills learning group participants. During the interviewing stage, as I listened to the voices of the therapeutic and educational staff members, the research focus began to shift. During data analysis and reflections on the findings I began to understand the significance of the process of integrating the programme within the school and the role of the working and personal relationships between the staff members from each discipline. As a result of this process the

research questions were modified from an attempt to assess the programme to an attempt to understand the process of integrating a therapeutic programme within an education framework. The following are the original research questions:

1. How do the educational and therapeutic staff members perceive the social skills learning group intervention programme?

2. How do the students participating in the social skills learning group perceive the intervention at different stages of the programme?

3. How does the social skills learning group intervention support the acquisition of social skills?

The following are the current final research questions following the process described above:

1. How do the educational and therapeutic staff members perceive the social skills learning group intervention programme?

2. How do the students participating in the social skills learning groups at different stages of the programme perceive the intervention?

3. How do the professional staff members and students view the support provided by the social skills learning group intervention in the acquisition of social skills?

4. What are the challenges of integrating a social skills learning intervention programme within a school framework?

This process has led to a better understanding of my practice. One of the aims of the insider researcher is to improve his or her practice (Robson, 2002). In this study I conducted a study within my work setting. This is also referred to as practitioner research (Robson, 2002). By examining my practice and its impact on the students I facilitate, while aiming to improve the programme for my students' benefit, I also aimed at improving my own professional skills and practice as a

facilitator for future students. This was made possible through the participation of the school staff members as well.

The researcher's personal involvement with the subject of inquiry raises another important issue related to insider research. The concept of credibility becomes increasingly problematic as the researcher involvement, it is argued, can lead the researcher to lose objectivity. As a result, the research findings may be distorted and the credibility of insider research can thereby threatened (Kvale 1996). Questions stemming from the researcher relationship with the research participants arise: How did it impact upon their behaviour? Will the researcher's tacit knowledge lead to misinterpretation of the data? Will the researcher's insider knowledge lead him or her to make false assumptions and miss potentially important information? Or will the researcher's politics, loyalties or personal interests influence his or her interpretations?

Drake (2010) argues that shared knowledge at the workplace and collegial working procedures make it difficult for the researcher to adopt a neutral and uncommitted persona and make it difficult for the interviewee not to assume a position of a colleague creating shared knowledge with the researcher, rather than being merely a participant. In this study, I was aware that relations with my colleagues, whom I highly regard, would nevertheless require acknowledgment as having an influence on data collection and analysis. As a therapist working in the education setting for more than ten years, I have realised that potential tensions can emerge in inter-professional work relations between educators and psychotherapists in the setting and were taken into account throughout the study process.

In the framework of the school where the study was conducted a silent competition was experienced by the educational staff and the therapeutic staff according to their reported perceptions. This implicit sense of competition needed to be acknowledged. However, as in the case of any 'parental' partnership, when the children's best interests are at heart and the relationship between the partners is strong, the potential sense of rivalry can be neutralised to a certain extent. In fact, the interview process provided an opportunity to further delve into the nature of

these relations and to make explicit the issue that had until the time of the study remained implicit. During the interview process, the staff members openly shared views about which they had previously avoided speaking.

Acknowledging my subjective role and my seemingly vested interest as an insider researcher due to my double role as researcher and facilitator of the intervention, I was aware that I had to adopt a critical viewpoint of the intervention. While I had not received funding of any kind and was not obliged in any way to prove the value of the programme, I nevertheless understood the possible influence of my position. As Drake (2010) warns:

> …the self or identity is posited as a major contributing factor in both the development of the research question and the research itself. (p. 86)

As my research aim shifted and was no longer to explore the 'effectiveness' of the programme, which may raise legitimate bias issues, it now explored the perceptions of the process that takes place in integrating the social skills learning group in the school framework. This shift helped to maintain a more critical stance.

3.4 Case study

3.4.1 A definition of a case study

In order to gain an in-depth view of the phenomenon examined in this study I chose a case study approach. This design enables an exploration of a human activity of a particular kind in a certain place and during a specific period of time (Yin, 2003). The case examined here is the integration of the social skills learning group among young people identified with ADHD in the TLC School in Israel during the 2010-2011 academic school year.

I chose to conduct a case study investigation because I believe I have an experience to share that may interest other professionals as well. It is the experience of integrating a social skills learning group intervention programme in a school in Israel especially designed for young people identified with ADHD. The groups conducted in the school are psychodidactic and designed to teach social skills. After years of facilitating these groups and witnessing the support they provide to young

people who had no other alternative offered them I began to understand the importance of sharing their story and mine with other professionals. I believe that by sharing with others a specific case of what transpires in our social skills learning groups and the challenges faced in integrating them in a school environment, this intervention can be of potential benefit to other young people identified with ADHD in other education frameworks. The lesson that can be learned from this specific case will perhaps demonstrate the process required for interventions such as these to be applied successfully, not as an external programme, but as an integrative part of the school curriculum.

A case study is defined by researchers in different ways but, as its name suggests, the common characteristic is the understanding and agreement that a 'case study', as unique as it is, can teach us about human behaviour and about processes that occur in the studied illustrative case. In this sense a case study is an observation of human activity in a certain place and time (Stake, 2000; 1995; Yosifon, 2001).

The constructivist qualitative research worldview corresponds with the naturalistic aspect of case study (Patton, 2001). It allows learning about situations in the 'real world', without controlled conditions or external manipulations in the process (Yin, 2003). The aim of the researcher, who in the current investigation is also a participating member of the case examined, is to understand the complex case by examining the processes naturally taking place in it.

Guba and Lincoln (2000) broaden the definition when they define a case study as a setting that provides information with boundaries which range from a description of an individual to a delimitation of organisations, societies and cultures. Patton (2001) sees a 'case study' as a learning process of a certain unit that is selected by the researcher (for example, an individual, event, programme, or organisation). In the current study I defined the boundaries of the case through the selection of the case units – two social skills learning groups, one consisting of 7th graders and the other of 9th graders (Yin, 2003). Creswell & Miller (2003) further suggests that the delineation of a case study should involve limiting the case to a

certain place and time. The case in this study was explored at the TLC School over one academic year.

Patton's definition of 'case study' refers to the context in which the phenomenon is studied. Robson (2002), like Patton (2001), emphasises that the main characteristic of this research approach is its focus on the 'case', which is every unit that is defined by the researcher. He further adds that a case study is a form of empirical research in which the researcher is directly involved with his or her participants, as in this study. My involvement as the facilitator of the social skills learning groups in this 'case' is direct and even intimate to a certain extent.

Sabar Ben Yehoshua (1995), one of the leading qualitative researchers in Israel, argues that a case study is an approach that enables the examination and organisation of social data in a way that maintains the unique nature of the studied phenomenon. She also emphasises the importance of having boundaries that are determined by time, place and the participants.

The data collection in a case study occurs in the research arena (Yin; 2003). Analysis of the participants' actions is conducted with the purpose of later identifying and describing certain patterns that enable reaching a deeper understanding of the studied phenomenon. At a later stage, the researcher attempts to reach the phase of interpretation that will shed light on broader phenomena. Patton (2001) further emphasises that data collection of this kind must correspond with the paradigm in which the researcher belongs regarding the perception of reality and of individuals, which is essentially what determines the methodology he or she uses. The aim of this study is not to examine outcomes, but rather to reach a deeper understanding of 'what goes on in the process' (Stake, 2000), which could be best achieved by investigating what transpires during the course of the social skills learning group and within the context of the school environment. Thus, in accordance with the constructivist paradigm, the current qualitative case study is mainly based on holistic social phenomena and includes events, human dilemmas and complex social phenomena that limit the extent to which we can generalise from its conclusions. This particular case cannot be repeated elsewhere, as it

examines unique individuals at a particular bounded time and a place. The exact same process cannot be replicated in exactly the same way, as all individuals differ and confront diverse social situations. As such, a case study represents only the case itself (Lincoln & Guba 2000; Yosifon, 2001).

Nevertheless, selecting this methodological approach compelled me to question whether the 'case' I had chosen has meaning beyond the specific case. Does it have a universal component that would allow me to produce knowledge beyond the immediate practical aspect (Baxter & Jack, 2008; Yin, 2003)? I am convinced that it does. The professional literature has an abundance of studies on primary aged or younger children identified with ADHD, their academic, social and emotional difficulties and the ways to treat them, but much less has been written on interventions with young people in their transition to young adulthood (Manor & Tiano, 2012). For this reason, I believe the professional community can learn and benefit from the current case. The challenges that the staff members face in integrating the intervention within the school have also recurred and required careful examination. Thus, by exploring one illustrative case, the study attempts to reach broader understanding regarding the nature of integrating the social skills learning groups in school. Clearly, not every case study can lead to generalisation of the findings and it is important not to assume that the single case can allow generalisation. Nevertheless, it is my hope that this case study research constructs knowledge that goes beyond the practical and immediate and that professionals and young people alike can gain from its example.

3.4.2 Types of case study

Two important approaches that guide case study methodology are based on the constructivist paradigm. One is postulated by Stake (2000) and the other by Yin (2003, 2006). They both emphasise the significance of using a research approach that allows the researcher to examine the case in such a way that the essence of the phenomenon is revealed at the end of the process. According to Yin (2003) a case study is a story about something special or interesting which can be someone's personal story or the story of an organisation, group and so on. It allows the

researcher to pose 'why', 'what' and 'how' questions regarding the situation examined. In this study the concern is not only whether the intervention is necessary or not, or whether it is successful or not, but more importantly, **why** integration within a school framework is important, **what** are the challenges in integrating them as part of the school environment and **how** the professional staff members and students involved perceive the programme as supporting their acquisition of social skills. According to Stake (2000), researchers have different goals in case studies and the typology of the case study is meant to bring to the researchers' attention the methodological problems each type involves. In this study I applied elements from the intrinsic case study method (Stake, 2000) which aims at reaching a deeper understanding of what the researcher has defined as the case.

The 'case' that was chosen was the integration of a social skills learning group intervention designed for students identified with ADHD within a school framework. For this purpose, it included two research units (Yin, 2003): two social skills learning groups. These groups were carefully chosen for the purpose of better illuminating the perceptions towards the intervention at different stages (Baxter & Jack, 2008). One of the groups chosen was only at the beginning of the intervention and included 7^{th} graders. The second group, which included 9^{th} graders, was at a later stage in the process and had experienced the programme for a period of three years. While the two groups were at two different developmental stages, the context in which the two groups were examined was to some extent similar, as they both took place in the same school and under similar conditions. Both shared the same setting. The meetings were conducted once a week on a consistent day and time in the same room – the 'social skills learning classroom'. Participation in the group was compulsory and the same working model with facilitation by the same facilitators was maintained. The profile of the group participants in both groups was also similar as all were young people identified with ADHD. Thus, the groups were studied from distinct points of view, but in the same context (Yin, 2003) and served as two units of analysis (Miles & Huberman, 1994).

3.4.3 Evaluating the constructivist qualitative case study

Qualitative research aims at gaining knowledge from the subjective perceptions of the process explored. A deeper understanding of the process involved is sought by capturing the experiences of the participants taking part in the process through their viewpoints. The quality of the research is based on the juxtaposition of diverse viewpoints, the depth of interpretation of the participants' views as expressed in interviews and observations and the methodical recording of events and expressions (Yin, 2003; Robson, 2002). Qualitative tools are designed to capture the subjective worlds of the research participants. Consequently, they are used to gather data via open interviews and descriptive observations to form a multifaceted story aimed not at replicating some objective reality, but at presenting the different sides of a particular story. Presenting data collected from a diversity of tools and sources and varied points of view is intended to capture an authentic account of the case as experienced by its participants (Cohen et al., 2007; Lincoln & Guba, 1985).

The argument made against the qualitative case study is that it lacks rigor, as opposed to quantitative research which produces 'hard' evidence (Shkedi, 2003). One way which attempts to resolve this is to gather data using different tools to produce sufficient data that can be juxtaposed in a way that enables discovery and immersion into the phenomenon (Baxter & Jack, 2008). In this study I used three main research measures: interviews, a questionnaire and a reflective diary. My goal was to explore the social skills learning groups from three points of view to be juxtaposed in the data analysis phase. The first is that of the school staff members, the second is of the students who participated in the intervention and the third is my own, as the facilitator of the groups and the researcher of the inquiry. A cross-check of all three was conducted to provide a picture that aimed to be inclusive, taking into account the voices of all participants involved in order to present a comprehensive portrayal of what transpires in the examined process. This process was undertaken in order to achieve 'authenticity' (Lincoln & Guba, 1985).

The work of analysing interview transcripts, questionnaires and the reflective diary proved to be a most challenging task. Not only was analysis of the sheer

amount of descriptive information a complex undertaking, but the choice of which among the plethora of examples would best express the phenomenon, required a great deal of deep reflection and consideration. These challenges needed to be worked through in order to convey the process that had taken place in the most comprehensive and authentic way possible. For this reason, the sources gathered were revisited at different stages of the process so as to gain newer insights into their contents and meanings.

According to Yin (2003), another limitation of conducting a case study is that its subjective nature can lead to bias, both conscious and unconscious. This requires the researcher to identify the bias that influences the choices made and the relationships formed with the research participants (Yin, 2003). In this study, as previously mentioned, I chose two groups that I facilitated and I was well aware of the fact that the 9th grade was 'my favourite', whereas the 7th grade was the 'problematic', or more challenging, group for me. With the 9th grade I had already gone through a significant three-year-long journey and our relationship was more intimate as a result of these three years of work. It was clear to me that I viewed these two groups differently. As an insider researcher, my subjective view of these groups deepened my understanding of the significance of the interpersonal relationship forged with the group. It also shed light on the latent potential in the groups at the start of the process. When recording and analysing data about these groups at two different stages, the difference in emotional attachment toward each became apparent and was acknowledged, especially when writing the reflective diary. This became another element to be examined and explored. However, during the data analysis stage, the distance needed by a researcher to examine the material rather than individuals allowed for less emotional involvement and greater critical analysis of the data.

Thus, while conducting this case study, I aimed at collecting data in a rigorous, transparent way so that a holistic view of the process that takes place in the social skills learning group intervention programme and the process of conducting it within the school context could be presented with 'trustworthiness' (Lincoln & Guba, 1985).

3.5 Ethical issues

An important element of conducting an insider researcher study, especially where young people are concerned, is the ethical considerations that need to be taken into account at every stage of the study. The process of constructing the research procedure involved the application of appropriate methods, adhering to ethical guidelines that apply both locally and internationally and seeking approval of all the parties involved. This delicate process is described below.

3.5.1 The process of research approval

Conducting research with young people requires enormous responsibility and sensitivity. Researchers are required to adhere to research regulations and ethical guidelines in order to safeguard the wellbeing of school aged participants. As a therapist whose first priority is to enhance the wellbeing of my students, I did my utmost to adhere to these guidelines. A number of guidelines were followed. This research complied with the British Educational Research Association Ethical Guidelines (BERA, 2011) which emphasise eight main guidelines relating to research ethics in education based on the concept that research participants, whether passive or active, should be treated with respect, sensitivity and integrity, without prejudgment towards individual differences including religion, race, nationality, disability, political opinion or culture. In addition, as this study was conducted within the framework of the doctoral studies programme at the University of Sussex, the research procedure required approval by the university's Ethics Committee. Moreover, as this study took place within the Israeli education system, I applied for and was granted ethical approval by the Chief Scientist of the Ministry of Education in Israel. In order to collect data in an educational institution for research purposes, a request must be submitted in writing to the qualified authority at the Israeli Ministry (See Appendix A for copy of the approval received).

In this section I present the BERA guidelines and show how the research adhered to each one as well as to the Sussex University Ethics Committee guidelines and the requirements imposed by the Chief Scientist of the Israeli Ministry of Education. The literature on ethical guidelines is also presented in relation to each.

1. **Voluntary Informed Consent** – The BERA guidelines state that participating in research must be voluntary or of free will and that no coercion must be used. The purpose of the research must be made explicit to the participants. Attention should especially be placed on the way the research participants may be influenced by the study in cases, such as this study, where the researcher has a double role of researcher and social skills group facilitator. In research conducted outside of the U.K., as was the current study which was conducted in Israel, the same ethical guidelines are required, as they would be if the study were conducted in the U.K.

Consent to participate in a study is also conditional upon approval by local authorities and in particularly sensitive cases, when participants are minors, approval from the ethical committee of the university in the U.K. and the director of the educational institution where the study is to be conducted are required. For the current study, approval from the Chief Scientist of the Israeli Ministry of Education, approval from the University of Sussex Ethics Committee and approval from the director of the school where this study was conducted were attained. There were concerns expressed by the Chief Scientist that the participants would be coerced to participate in the study. The obligation of the student to participate in a certain educational programme does not obligate him or her to participate in research concerning the programme. The students in this study were not obligated to participate in it.

Once the research proposal was approved by the Chief Scientist, I proceeded to seek the consent of all the participants that would be involved in the study. As the group participants were young people identified with ADHD under the age of 18, I presented the research study and its aims to my students in a way that was appropriate for this age group. Students received an oral explanation in which I emphasised that participation was voluntary and non-binding. I emphasised that the study was aimed at improving the programme and that I was interested in their views and thoughts. The National Children's Bureau (NCB, 2004) guidelines (Neill, 2005) pose several questions to researchers which focus on the consenting child:

- Is the explanation given to the children presented in a way that they can understand?
- Is it clear to the children that they can withdraw at any point?
- Did the researcher agree with the child on a sign that will allow him or her to withdraw easily?
- Did the researchers think of a way to inform very young children, children with learning difficulties or children with communication problems and of the way in which their consent has to be received?
- If the study is to take place at the school, how does the researcher make sure that each child gave his or her informed consent to participate?

Informed consent is an interactive process between the participant and researcher, involving exposure, discussion and complete understanding of the suggested research activity, which reaches its peak when the individual freely expresses his or her desire to participate (Neill, 2005). I followed these guidelines so that all the questions mentioned above would be positively addressed and so that the students involved would willingly participate and view participation as a positive, constructive experience.

At the end of the year when the questionnaire was distributed, they were again reminded that participation was voluntary. All of the students opted in by signing a consent form. In fact, in general, they expressed their enthusiasm in participating in such a project and that there was interest in hearing their voices. The students' parents received a letter from the school explaining the research project. They were given my private phone number and could set up a meeting with me at any time if they had any questions or requested any further details. All of the parents consented to their children's participation in the study and returned the signed consent form. Once I received the consent of the students and their parents, I proceeded to approach the teachers and therapeutic staff members individually to request their consent to be interviewed. In accordance with the BERA guidelines and

the Chief Scientist's fourth and fifth requirements, I received informed voluntary consent of all the study participants.

2. Right to Withdraw – The BERA guidelines also state that study participants have the right to opt out of the study at any time and the researcher must notify the participants of this option. In the case that participants choose to stop participation, the researcher should examine him or herself and whether he or she contributed to the decision. When presenting the research study to my students and asking for the participation, I stressed that they could opt out at any point without any repercussions. As required also by the Chief Scientist, participants were informed that they were able to withdraw from participation at any time without any repercussions. Throughout the research process no student requested to withdraw.

3. Children, Vulnerable Young People and Vulnerable Adults – According to BERA guidelines, the benefit to study participants of vulnerable populations should be the highest priority of the researcher. The researchers should provide the participants with a sense of ease as much as possible and avoid activities that may incite distress, discomfort or in extreme cases, harm. At the same time, participants should not be overburdened with paperwork, many questionnaires or interviews. For this reason, the interview questions and the questionnaire devised for the purpose of the study were also sent to the Sussex Ethics Committee for approval.

At first the Chief Scientist of the Israeli Ministry of Education did not approve of a study conducted by a researcher who is also a facilitator within the same school where the intervention explored is taking place. He expressed concerns of unethical power relations between the researcher and the young participants and required an alternative school in order to conduct the study and explore a group that was not facilitated by the researcher. This requirement was highly problematic, as the research aimed to explore an intervention programme that was specifically designed for the school in which the researcher works. To overcome this problem, I presented the Chief Scientist with a precedent of a study that was approved in which the researcher explored a group of young people identified with ADHD that he facilitated. The Chief Scientist accepted this argument and consented to conducting

the study within the school setting and I was granted permission to research the group that I facilitated. However I was not granted consent to interviewing students under my facilitation. According to the Chief Scientist use of interviews and documented observations could affect the behaviour of the group participants and reflect social desirability and not their sincere emotions. Moreover, their answers could reflect what the researcher wants to hear rather than what they really want to say.

For these reasons, the Chief Scientist conditioned his approval on changing the research method. Instead of conducting interviews with the students and observations as originally intended and in adherence with the BERA regulations as well as approved by the Sussex Ethics Committee, only anonymous questionnaires and the keeping of a reflective diary were approved. The questionnaire would be distributed by an external staff member and would not be filled out in the presence of the researcher. The external staff member would return the completed questionnaires without the presence of the students.

As the participants were young people identified with ADHD, who typically experience difficulty maintaining concentration for a long period of time, they were asked to fill out one short questionnaire with mainly closed questions so as not to overburden them with paperwork. Other than the questionnaire, their participation in the study involved their participation in social skills learning groups as part of their regular school curriculum and therefore did not require any additional effort on their part for the purpose of the research.

The students who participated indicated verbally and in writing that they fully understood to what they were consenting. Nevertheless, I considered the research participants' vulnerability in relation to their age and ADHD condition. For this reason, the research aims and student participation was raised and discussed on several occasions so that any questions they may have would be addressed. I presented fully and transparently the goals of the study. There was no hidden agenda or intentional misleading for research purposes.

4. Incentives – According to the BERA guidelines, if the researchers use incentives, these must be applied in a controlled and responsible manner (for example, the researcher must not offer cigarettes to minors). In addition, they should avoid choices that may lead to negative consequences. In the current study, no incentives were used in any way.

5. Detriment Arising from Participation in Research – According to the BERA guidelines responsibility rests on the researchers to inform participants of any harm they may experience in the process of the research. In 1992, the British Paediatric Association, currently the RCPCH, published six specific guidelines regarding conducting medical research with children (adopting the principles of the Helsinki declaration). These guidelines mainly relate to medical research with children, and to a lesser extent, to qualitative research with children. The RCPCH Ethics Advisory Committee (Neill, 2005) further instructs that the study should eventually contribute to the wellbeing of the children, teach something new or improve something existing. As the social skills learning group explored in this study is designed to improve the emotional lives of young people identified with ADHD within the school setting, it strongly adheres to these guidelines. In accordance with the NCB guidelines the group participants were informed that as the researcher I had an obligation to protect their rights, unless I received information that could risk or harm them in any way. As these guidelines are followed within the social skills learning group in any case, the students were familiar with them.

Researchers should also consider the potential impact of research participation on the child and establish methods of providing support to children within the research proposal (Neill, 2005). The NCB also warns of the possible influences of the research on its participants during the course of the study or later on. The guidelines recommend instructing the participants and referring them to relevant support. As explained above, students were not placed in a position that would lead them to experience any distress at the time of data collection, as the intervention examined was the programme they were undergoing regardless of the study. In this sense, they were not exposed to any misuse due to any power relations that may exist (Mahon, et al. 1996; Kuzminski, 2004; 2006). As the current research

aimed to follow the routine conduct of group work, interaction with the young people who participated remained the same. In this sense, the natural environment of the group participants was maintained and no changes or special interventions were made for the sake of the study. Thus, there was little likelihood of emotional or psychological damage as a result of the study.

Care was also taken to safeguard the staff members who participated in the study and, in fact, they expressed their enthusiasm to take part. At the end of the process they expressed the positive change they underwent by the opportunity they were granted to voice their views openly which further led to enhanced professional and personal relations among the staff members.

As interviewing and direct observations of students under the age of 18 whom I facilitated was not approved by the Ministry of Education, I kept a reflective diary which the Ministry approved. This form of data collection allowed me to examine the process without placing the students in any uncomfortable position in which they might find themselves being examined or judged in some way. While I permitted myself to write freely in an unconstrained manner in the diary, any material that was presented in the current thesis was selected with great care in order to protect the students' rights and confidentiality.

6. Privacy – The BERA guidelines and the Sussex Ethics Committee guidelines require that anonymity of the research participants be respected. The participants must be informed as to how the data gathered about them is kept and it must be accessible to them. In addition, the research participants must be informed of what will be done with the data, whether it will be made public and where. Anonymity can be rescinded only at the request of the participants for the purpose of noting their contribution to the study. The Chief Scientist also required that participants' right to anonymity is ensured. In the current study, I assured students of their anonymity throughout the process of the study and thereafter. I explained that they would be asked to complete an anonymous questionnaire at the end of the year and that the purpose was to learn from them about their experience in the programme. Staff members were also assured anonymity throughout the process and thereafter. The

question of how the researcher would protect the anonymity of the subjects at the data collection phase was also raised by the Chief Scientist who required that the researcher ensure the rights of the participants and the field materials.

7. Confidentiality - According to the BERA guidelines and the Sussex Ethics Committee guidelines, the confidentiality of the collected data and research findings is ensured. Confidentiality means that the identity of the participants is not revealed to anyone who is not part of the research. Confidentiality is essential for preventing the participants from any harm. In this study, the students' confidentiality regarding the therapeutic process itself was guaranteed. That is, they were informed that what they say within the therapeutic sessions would remain confidential, as long as there was no suspicion of harm to them or others. The protection of the participants' confidentiality was a major concern, especially due to the distinctiveness of the TLC School in comparison to other educational institutions in Israel. In order to address this concern, I avoided using identifying details such as names, location and personal information about the research participants. Any names that appear in this dissertation are pseudonyms.

8. Disclosure – Data can be exposed only in the case of behaviour that is dangerous or endangers the research participants. This must be reported to the appropriate authorities and the participants must be notified regarding the reasons. The process of releasing information must be recorded. No such instance occurred throughout the process of the current research study.

3.5.2 Researching young people in the education context

While ethical considerations for research with young people should be strictly adhered to, there are particular ethical considerations in research with young people in the education context. Hutchings (2002) discusses three main issues that arise when teachers reflect upon their experience with their students. Unlike other research with children, participation in a study with students is not a simple issue of informed consent. The teacher-student relationship is a complex one involving sensitive power-relations and students may not feel at liberty to refuse the requests of their instructors. The question of ownership of the study also arises. Does the use

of the students' materials make them co-researchers or merely subjects of examination?

While the intentions of the actions taken in the intervention and in its investigation are for the benefit of the students, their privacy may be compromised. The decision to conduct a study using tools that compromise my students' privacy is a decision that has moral implications, especially as I am their group facilitator (Friedman, 2006). For these reasons, student work was not included in the current thesis. Instead, the reflective diary was the main source of documentation of the process taking place in the intervention. The question that arises is whether I would need student consent to report events that had taken place in sessions. As I was writing about them, albeit not in real time (as in observations), I was nevertheless writing about their experiences. If they could have read the contents of the reflective diary, would they have given their consent to use them? The advantage of the reflective diary is that its ownership is not questionable. It belongs to the researcher, to my deepest and most personal thoughts. However, when I describe my participants who are young people, it is clear that their identity and rights, first and foremost, must be protected.

As a group facilitator who studies the dynamics of the group she leads, I faced choices that were not necessarily choices between 'right' and 'wrong', or choices between following regulations or violating them. When faced with a dilemma, it was clear that the students' needs came first and the research second. Thus, data was at all times presented in a way that would protect the students' confidentiality.

Another issue is the intuitive principle, formulated by Markie (1994). According to Markie, the class is first of all a class and only then a context for research investigation. The students are first of all students and only then participants of a research project. Any change in the structure or content of the class in order to promote a research goal should not distract the class from its educational value. In this study I was not interested in 'experimenting on students'. I did not design a research that would comprise a control group to be compared with an

intervention group, as this would prevent a certain group from participating in the programme which may offer the participants a great deal of benefit, especially in their first year at the school. Social skills learning is offered to all the students at the school without exception. Excluding certain students from participating in the group would have differentiated them from others which would contradict my own values as a facilitator and the ethical guidelines that relate to protecting children from emotional or psychological harm.

Thus, protecting my students' rights remained the greatest concern to me as both their facilitator and the researcher of this study. Protecting their emotional security was the highest priority at all times during the research process.

3.5.3 Ethical considerations regarding the researcher's relationship with staff/adult participants

In qualitative research the researcher aims to understand the world from the perspective of the individual (Denzin & Lincoln, 2000). According to this assumption the ethics of qualitative study are based on mutual respect, trust and cooperation on the part of both the researcher and the participants. As a group facilitator at the TLC School for many years, during this period I have formed professional relationships with both the teaching and therapeutic staff members. I have worked closely with most of the school staff for the common aim of assisting our students. Thus, the lives of our students have become the focus of our attention, not only professionally, but also personally. As one does not disconnect entirely from one’s students upon leaving the school grounds, professional involvement cannot be entirely separated from personal involvement to some extent. Similarly, when working closely for so many years with the school staff members, personal relations are naturally established in conjunction with professional ones. These equality relations are based on mutual trust and respect which are so crucial in research, especially during the interview process. While there is a risk that because of my close relations with interviewees, they would attempt to 'deliver' the materials I was seeking to receive, I consider the contrary to be the case. Our strong familiarity with one another allowed my colleagues to speak freely with me without fear of any professional repercussions

as might be expected in other work settings. At the same time, to counter such a possibility, I selected a number of newer staff members with whom I had not yet established a strong working relationship to be interviewed as well.

The question that arises is whether relations that aspire to equality can persist in the phases of data analysis and the representation of the voices of the others as well? Researchers, and especially those who hold a postmodernist perspective, argue that when the participant does not take part in the analysis process power differences between the researcher and the participants are preserved. In the final and significant representation, the researcher makes his or her own voice dominant. Perhaps the only way to avoid this is to include the participants in the course of analysis as well in order to reflect a more balanced power structure. For this reason, outside of the interview framework I conducted many discussions with the educational and therapeutic staff regarding the data I was collecting and gained many insights through these informal discussions. This was included in the data analysis process and the voices of the other members of staff, I believe, can also be heard in the final representation of this study. At the same time, as in the case of the students who participated in the study, the interviewed staff members were also guaranteed anonymity and confidentiality, in accordance with the British Educational Research Association (2011) and American Education Research Association (AERA) guidelines (2002).

3.6 Summary

This chapter outlined the constructivist paradigm framing this study. Within this paradigm, the rationale for conducting insider participant research using a case study approach was explained. The complex ethical issues involved in conducting such research, particularly when young people take part, was carefully considered and discussed. As an insider researcher I intended to examine the groups that I facilitated in the school using a constructive approach because the emphasis in this research was on the process that the participants of the social skills learning groups as well as the educational and therapeutic teams underwent. Moreover, this

research examined interpersonal and professional relationships and the possibility that they mutually influence one another.

The methodology framing this study was outlined in this chapter. Data collection was designed in accordance with this methodological approach. The following chapter describes the research design of the study, its context, participants and the tools that were employed for gathering data. It presents the challenges involved in the research design, the deliberations, the choices and ultimately the modifications that were made in order to carry it out. It then describes the methods employed to gather data within the methodological framework that was outlined.

Chapter 4: The Social Skills Learning Group, Methods and Analysis

4.1 Introduction

In this chapter the research design and data collection process are described in accordance with the methodological framework of the study. First, the social skills learning group intervention is described in detail, including a description of the group participants and the model implemented in the intervention. This description of the research design is then followed by a discussion of the research tools that were used to gather data, including a description of the reflective diary I kept, the interview process and the questionnaire that students filled out. Finally, the chapter closes with a description of the data analysis process that was applied.

4.2 The research design

The research design in this study included several stages. Starting with the groups that were chosen for exploration, I set out to explain the research project and its aims to the school management, the staff members and the students in an attempt to interest them in getting involved in the project. Those who were interested in contributing to the project by participating gave their consent. The next stage involved approval by the University of Sussex and the Israeli Ministry of Education, which led to certain modifications in the way it was carried out. Once approval was granted, data was collected and analysed.

The first phase of the study included identifying and choosing the research participants. This meant identifying individuals who had the knowledge and ability to shed light on the social skills learning group intervention for young people identified with ADHD. The participants would be able to provide information regarding the attitudes toward the social learning groups from the perspective of educational and therapeutic staff of the school or from the perspective of the group participants and regarding the potential contribution of social skills learning groups in acquiring social skills.

To explore the above I chose to interview the principal of the school where this study took place, the school coordinator (who is responsible for the 7th, 8th and 9th grades), and the two form teachers whose students were selected to participate in this study. The therapists chosen were four group facilitators, including me as one of them, for social skills learning for the 7th and 9th grade.

Out of 12 teams for social skills learning, I chose two groups that were under my guidance, which included students from two different age groups (12 and 15 years old), all identified with ADHD. The first group, the 7th grade students, were in their first year of participation (and in their first year at the school). The second group, the 9th graders, were in their third year of participation in social skills learning.

I aimed to explore the different age groups at different stages of the intervention. At the same time, both groups shared the similar conditions of the one-year study framework, the shared identification with ADHD, the same school context and the same group facilitators. The advantage of examining two groups was that it could provide data on the various stages of group participation while collecting data in a relatively short time frame. In this sense, the study is partially a cross-sectional study which allows comparison between participant groups of different ages. This can assist to compare behaviour at earlier and more advanced ages (Thomas, 2009). However, the natural development of the participants was also necessarily an important factor that had to be taken into account. As such, the study was also a longitudinal exploration of the students' development over the academic year and the development of the relations formed over time between the staff members during the process of integrating the programme.

The next stage involved procedures for receiving consent from all authorities concerned to conduct the study. The procedure to receive approval from the school management was followed by the complex procedure to receive approval from the Chief Scientist and the Ministry of Education in Israel as well as from the internal ethics committee at the University of Sussex (discussed in the 'Ethical Issues' section in Chapter 3). Consent was then requested and granted by the research participants.

The following stage involved data collection which included two rounds of interviews with educational and therapeutic staff, an anonymous questionnaire filled out by the student group participants (both groups filled out the same questionnaire) and a reflective diary which I kept throughout the school year. The reflective diary was written for my own self-reflection and for the purpose of the study such that the content did not require external approval.

The final stage involved data analysis, which was conducted in two stages: the first while collecting the data and the second at the end of the school year. The research design stages and procedures are presented in Tables 4.1 and 4.2 below:

Stage	**Time frame**
1) Identifying and choosing the research participants.	September, 2010
2) Approval from school management to conduct the study	September, 2010
3) Consent to participate in the study	October 2010
4) Procedures for receiving approval from the Israeli Ministry of Education and the C-REC at Sussex University at the UK	March, 2011
5) Data collection	• Interviews and a questionnaire: Early March 2011 to end of July 2011 • Reflective diary: September-July
6) Data analysis	Phase 1- During data collection (Sept.-July, 2011) Phase 2 – Following data collection (August, 2011-January, 2012)

Table 4.1: Research stages

Procedure	Purpose
1) Identify the groups – the different phases of each group in the programme	To choose the two research units (Yen, 2003) in order to represent the process
2) Present the research proposal to the school director and psychologist	To be granted permission from the school management to proceed with the research
3) Provide the research participants a detailed and clear explanation regarding his or her part in the research, their right to consent or decline and assurance of confidentiality.	To establish transparency in the research and to begin the journey with a feeling of mutual trust and agreement
4) Receive ethical approval	To receive consent to begin data collection
5) Conduct interviews, distribute a questionnaire and keep a reflective diary	To gather the views of all participants involved during the process of the intervention
6) Analyse the data according to themes using triangulation of all three sources and point of views	To identify the main themes that emerged from the data in relation to the research questions

Table 4.2 Research Procedures

4.3 The social skills learning group intervention

4.3.1 The social skills learning group participants

This study was conducted at the TLC School in Israel – a middle and high school designated for young people identified with ADHD. The students in the TLC School have average and above average intelligence and the prime purpose of the school is to prepare students for the matriculation exams. The school combines strategic learning within its curriculum. Strategic learning refers to learning strategies and programmes that are adjusted for students identified with ADHD and learning difficulties. The programme also comprises social strategic teaching (Plotnik, 2008) which refers to psychodidactic groups for instilling social skills, otherwise referred as the 'social skills learning group'. The social skills taught in the group refer

mainly to interpersonal relations among the group participants and their ability to overcome their behavioural difficulties. The skills taught include, for example, how to reduce impulsivity, how to speak about rather than react to, or how to prepare for a social encounter.

This study focused on two social skills learning groups. One group comprised of seven 7th graders who were in their first year of participation and who were at an early stage of the process. The second group comprised of seven 9th graders who had participated in the programme for a third year in a row and were at a more advanced stage of the same process. As I wanted to explore the groups from a primary source, providing the most in-depth view, I chose the two groups that I facilitated. I also sought the views of the staff members closest to these students. The form teacher of each group was also interviewed. This provided another advantage to data collection, as the 7th grade form teacher was a novice teacher and the 9th grade form teacher was a senior member of the educational staff. In addition, I interviewed the middle school coordinator who is responsible for grades 7 to 9 and is a significant figure in the social skills learning programme. The school principal was also interviewed in order to gain a broad view, including the educational and therapeutic staff as well as the group participants and the general student body.

4.3.2 The social skills learning group design

The aim of the social skills learning groups in this study was to improve the participants' social skills. Each group met once a week for an hour and a half and the meetings were co-facilitated by two therapists. Each group included seven participants. The groups were defined as a class that is guided using therapeutic tools as a part of the general school programme. The social skills learning group took place on a set day and time within the school schedule (approximately 90 minutes which were considered as two 45-minute lessons). It was a mandatory class, just like all other school subjects, but unlike the other subjects, grades and evaluations were not given. The group was thus defined in the school curriculum as a lesson rather than group therapy, despite the therapeutic agenda and the fact that it was moderated by two professional therapists.

At the start of the school year, with the arrival of new 7th grade students, the class was divided into two groups based on input from the form teachers who had had a chance to get to know the students and the students' personal files. Taking these into consideration, the school attempted to find the best possible group composition by taking into consideration, for example, the number of students and the gender composition in each group. Once the class had been divided into two groups of seven students, each was assigned a social skills learning group.

Two classrooms for the purpose of the social skills learning group were located at some distance from the others and were adjacent to one another. The rationale was to provide the social skills learning group its own space which was on the one hand part of the school setting, but on the other separated from the regular classrooms. The intention was to provide a sense that while they were part of the school something different from the rest of the school programme took place there. Another reason was to provide a sense of privacy for the group participants who were given their 'own safe place' away from the academic classrooms.

Each group was moderated by therapists from different fields of expertise (expressive art therapists or social workers). The 'pairing' of the moderators was determined by the moderators themselves based on their former co-facilitation experiences with one another. The aim was to form a strong team that could work closely together for at least three years with the same group of students. The social skills learning groups took place over a four-year period, from the arrival of the students in 7th grade up to 10th grade. In the 10th grade, the group compositions would be re-formed. Groups are discontinued in the 11th and 12th grades due to budgetary constraints and because students become intensively engaged in preparing for their matriculation examinations at that time.

The therapeutic approach used in the school is based on a combination of group play therapy, active group principles and creative art therapy (Plotnik, 2008; Biderman, 2007). The group work addressed the behavioural aspect, instilling social skills, along with the emotional aspect. That is, cognition and academic achievement were aspects nurtured by the subject teachers, while related emotions and

difficulties were given expression in the social skills learning group (Shechtman, 2010; Rogers, 1980). The concept was based on using tools that provided an opportunity for practicing and developing a 'social language' (Plotnik, 2008) in the group.

The initial working model, which was put into effect in the year 2000, encouraged free activity initiated by presence, containment and empathy (Plotnik, 2008). With the passing of time, as the group facilitators set boundaries and experienced trial and error attempts at facilitating the groups, the working model evolved and was adjusted to the group participants according to what seemed to be the actual needs presented by the students. The change that occurred in the working model refers not only to the course of work in the group, that is, to the internal therapeutic setting, but also to the external working setting. Participation which had been optional became mandatory and the way the room was arranged, with time, was also modified. For instance, in the past the group would sit on mattresses, but gradually the mattresses were removed from the social skills learning room and replaced with a circle of chairs. Emphasis has also been placed on how they enter the room, as will be described below.

4.3.3 The model: The social skills learning group

The working model in the social skills learning groups was specifically adapted to its participants, taking into careful consideration factors associated with an identification of ADHD (for example, keeping the room tidy so as to reduce sensory flooding, such as smells, a mess or loud music). While expressive arts therapists from diverse arts often facilitate the social skills learning groups at TLC, the facilitators who participated in this study were drama therapists. They employed a set of diverse dramatic tools which included, for example, making a ceremony of entering the group room (a transfer ceremony from outside to inside). The group facilitators and the group participants can improvise and change the situation as they wish, as long as the ceremony takes place. For example, the facilitators can decide that the situation the group participants are going into is a birthday party and that they're playing the role of the hostess and congratulating the one entering the

room accordingly. The group participants can decide on the situation and the facilitators need to cooperate and join in. For example, the group participants can decide that they are entering a military base and salute as they enter. The facilitators need to return the salute.

When the group participants choose (usually spontaneously) how to enter the group room, they generally let the facilitators know about their feelings, wishes and fears. For example, when a student chooses to enter the room in the role of the king, this may indicate that he is checking 'who is actually the king in the group', i.e. who decides and rules, or that he is asking to be admired and esteemed? These possibilities among others are examined with the participant in the group.

The opening circle can be verbal – taking the form of a discussion – or it can be 'dramatic', in which case theatre games are used to warm up, calm down or break the ice. The intention is that it should be a fun and pleasurable experience, rather than a threatening one. The central activity can include the use of plastic art, organising to play a board game or organising for theatre games, depending on the skills, sensitivities and the developmental stage of the group as well as the content that the participants bring. That is, do they have the ability to discuss an issue directly or do they need an aesthetic distance from it? Aesthetic distance is a concept branded by Landy (1996). It is defined as the point at which the client can have access to his or her feelings and also maintain an observer stance. The achievement of aesthetic distance is cathartic, a moment in which both roles – the actor and the observer – reach a balance between them.

Drama means action and it takes place when it has an audience within a group. The behaviour in drama therapy is not only in the role of the meaning given to it by the behaviourists – adaptation to the environment – but also creates places and occurrences, thereby constructing the environment while being highly related to the context in which it exists (Landy, 2009). Drama group therapy emphasises group dynamics in connection to the theatre and theatrical events (i.e. the group participants and the facilitators personify different and various roles in a certain space (Landy, 1996). The group facilitators can also be used in the role of the actors,

but they are first and foremost the directors. As such, they have a vision of the 'whole' and a concept of order and structure, enabling the group participants to work in a creative way to discover, expose or confirm the interpretation of the role they personify (Landy, 1996, 2009). The creative part, the spontaneity, is ever changing and relates to the 'here and now', i.e. what is taking place in the group.

In the social skills learning groups that participated in the study the group facilitators continually attempted to explore the group's story. What was the drama? Why do they need it? This understanding served also in understanding the therapeutic context and also largely directed the group work content and its boundaries. As in the case of a basketball coach, the drama therapist helps the group to develop a strategy to defeat the shared enemy. The enemy can be internal, whether in the form of anxiety or lack of confidence, for example. The group facilitator's role is to help its participants design a group strategy that will lead them to the knowledge of what their social roles are and what they can become in relation to others in the group (Landy, 1996, 2009).

4.3.3.1 The External Setting

The external setting of the group was based on several basic elements. First, mandatory participation in the group was required during the course of four years. All the students from 7th to 10th grade in the school participated in the social skills learning group starting their first year of arrival at the school. The group session was presented as another class within the school schedule, for all intents and purposes, and its status was identical to that of all the other core subjects.

Second, the group composition remain constant for the period of three years (The group participants who started their participation in the group in the 7th grade continue together until the end of the 9th grade). The group facilitators are also constant. One of the aims of the study was to explore this working model which maintains the group composition for three years with the same group of students and group facilitators.

4.3.3.2 The Internal Setting

Before entering the room, the participants were asked to participate in an 'entrance ceremony' in which they had to greet the group facilitators and enter the group in an 'appropriate' and customary manner (that is, they could not kick the front door, break in, curse, push or ignore in any way the existence of the group facilitators who welcomed them into the room). A student who did not manage to meet the aforementioned requirements was asked to return to the end of the queue and begin his or her entrance again.

Our insistence on this ceremony was meant not only to teach the students acceptable manners for entering different new places in society, but also to note the transition to something else, something different, and to help them to get organised in this new and different experience from their everyday life at school. The manner of entering the room can have much influence on the nature of the session, as does the arrangement of the room.

Upon entry to the session, the room was pre-arranged. In addition to a regular weekly day and time in which the social skills learning group took place, the arrangement of the room was kept constant. The social skills learning room was identical to the classroom, but unlike the classroom, it included a closet with art equipment (usually locked, and opened according to need), a circle of chairs, a cork blackboard that informed of the time of the class and recess and a working board (the work that was done on the board was put in a personal file for each group and the work was stored in a locked closet to maintain the privacy of the group participants). The social skills learning room had a minimalist décor in order to maintain balance between the overwhelming amount of stimuli and a feeling of a 'clean' pleasant place to be in. At the same time, it was not meant to be alienating. As the group participants entered the room after the 'entrance ceremony', they were asked to put their bags in the corner of the room (rather than leave them with/on them, as a ‘shield’) and to sit down in a circle.

The sessions began with an opening circle. The purpose of the opening circle (or 'the round') was first of all to allow the students to look at each other and it also

served as a 'pulse test', practicing the 'art of small talk' and seeing the other. These skills constitute one of the main challenges that characterise young people identified with ADHD (Manor & Tiano, 2012; Plotnik, 2008; Yishay-Karin, 2006).

The purpose of group boundaries was to provide a safe place. Even though the group was defined as a 'class' and not as 'therapy', there was a therapeutic contract that defined the group rules. Since the group was psychodidactic, the school rules applied to it in the broadest sense (mainly regarding severe discipline or violence problems). The other rules referred to the safeguarding of the group boundaries and ensuring the group participants' safety in the group. This included, for instance, an obligation on their part to maintain mutual respect and confidentiality, except for extreme cases in which the therapists had an obligation to report an event to the school management.

The main role of the group rules was to avoid vague and unclear situations of the sort that might increase the experience of 'failure' for young people identified with ADHD (Steinberg, 2006). The majority of the rules were formulated in cooperation with the group participants. The shared writing of the contract was done through negotiation and dialogue, which constituted a very important part in the group participants' acquisition of social skills.

The central group activity was defined and planned in advance by the group facilitators using their therapeutic toolbox and according to the group needs or the contents elicited by the participants. For example, a central activity could include asking the participants to discuss a social situation in which they were involved that presented a conflict. Following this activity, the participants chose one of the stories. Using drama tools, the storyteller chose 'actors' from the group to present the situation and was given the role of 'director'. As they enacted the situation, he or she could 'correct' the actors to make the situation more exact. In the next stage, the situation presented was changed. The group participant could change the ending as they saw fit. This kind of activity allowed a new concrete view of the situation and taught more appropriate ways of coping with it. It also permitted a 'lighter', more

humoristic and guilt-free view of the situation as well as more or less appropriate solutions than the one that was applied in reality.

In the past, at the start of the social skills learning group the participants were expected to initiate the activities in the group as a part of the working model (Plotnik, 2008; Biderman, 2007), yet as we, the group facilitators had noticed, this approach tended to increase the participants' anxiety and led to chaos. It was therefore changed to a combination proposed by the group participants' desires and spontaneous ideas and a structured predetermined activity. It should be noted that in spite of the 'rigidity' involved in the structuring of the groups, there were many options for flexibility and improvisation of which mainly the therapists/group facilitators were in charge. The group facilitators usually intervened and participated in the selected activities. They were not only supervising or boundary-setting figures, but active participants who reacted and offered real time mirroring of the occurrences in the room. Moreover, the group facilitators' intervention and mediation were necessary for the group participants due to their social skills difficulties (Manor & Tiano, 2012; Cooper, 2001).

The sessions ended with a closing circle. The closing circle was similar in nature and in its physical arrangement to the opening circle. The room was put back in the same state as in the beginning of the session, with the equipment returned to the closet and the chairs placed in a circle. With the help of the group facilitators, the participants summarised the session and prepared for the change or transition to the outside setting and to the rest of their day. The closing circle was very important for organising the participants and sometimes also for calming them down. The 'gathering' of emotions, energies and thoughts, sometimes even in one sentence, was important. At times, even the renewed organisation for sitting and leaving the room was sufficient and there was no need to say anything (except for thanking the group members).

4.4 Data collection process

Expressions made by people constitute a main source of qualitative information, whether it is expression by speech (interview) or by writing (diaries,

questionnaires or documents). Qualitative data can comprise elaborate descriptions of situations, events, people, interactions and observed behaviours. The collected data is an open narrative which need not fit expressed behaviour or attitudes into predetermined standard categories (Shkedi, 2003; Thomas, 2009).

As this inquiry is a case study aiming to explore a process, it is necessarily empirical. Data was gathered by employing multiple research methods, mainly consisting of interviews, a reflective diary and questionnaires. The majority of the data was collected throughout the academic year within the school setting. The students were aware that I was conducting a research study on the social skills learning group and gave their consent for participating in it. The students' behaviour and responses suggested that they were not preoccupied by the fact that the research was being conducted as they presented natural behaviours as observed in former years. In addition, a predominantly quantitative closed-answer questionnaire was distributed to the students at the end of the school year. The data collection tools that were implemented appear in Table 4.3. Each tool will be described and the process of gathering data using each tool will be discussed below.

Research Tool	Method of Analysis	Collected Information
Reflective Diary	Thematic analysis: Identifying the main themes in relation to the research questions	Personal, subjective reporting of the group behaviours, thoughts, speculations, emotions, problems, ideas, feelings and prejudices
Interviews	Thematic analysis: Identifying the main themes in relation to the research questions	Attitudes and points of view held by the therapeutic and educational staff towards the social skills learning group
Questionnaire	Frequencies: mean scores and range	Participants' attitudes and experiences in the social skills learning groups

Table 4.3: Data collection process

The three forms of data were triangulated during data analysis in order to receive a broad multifaceted viewpoint of the processes explored.

4.4.1 Data triangulation

Triangulation refers to using various sources of information in order to increase the rigour of the study and the credibility of the findings (Cohen et al., 2007). Its purpose is to strengthen the quality of the research project in general, regardless of the selection of the main method for data collection (Denzin & Lincoln, 2000; Shkedi, 2003). Triangulation is defined by Creswell & Miller (2000) as:

> …a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study (p. 126).

As validity and reliability are considered inappropriate criteria for qualitative research, this technique is employed by the qualitative researcher to ensure rigour by providing an account that is rich, robust, comprehensive and well-developed. It is difficult to derive adequate understanding about a phenomenon from a single method or single point of view. Using multiple methods can provide deeper understanding of a phenomenon (Denzin & Lincoln, 2000). Patton (1999) identified four types of triangulation:

1. Methods triangulation - checking the consistency of findings generated by different data collection methods to elucidate complementary aspects of the same phenomenon.

2. Triangulation of sources - examining the consistency of different data sources within the same method.

3. Analyst Triangulation - using multiple analysts to review findings or using multiple observers and analysts.

4. Theory/perspective triangulation – using multiple theoretical perspectives to examine and interpret the data.

In this study, I conducted a methods and sources triangulation, employing three methods of data collection (interviews, questionnaire and reflective diary) and three

sources (the staff, students and researcher). Among the staff (educational and therapeutic) and the two groups of students (7th and 9th graders), each group comprised of individuals who were in fact each a source to be triangulated with the other individual sources within each group, and each group represented one source to be triangulated with the other group or second source. Each data collection tool will be described below and the process of gathering data will be presented.

4.4.2 Research Tools

4.4.2.1 Reflective diary

The reflective diary is an intimate and spontaneous document describing events in an individual's life (Sabar Ben Yehoshua, 1995).

> A diary is an invaluable data-gathering tool for the researcher undertaking a small project. It may involve you, or a participant in your research, making a record of thoughts, feelings, actions, responses, conversations, etc. (Thomas, 2009, p.166).

As part of my ongoing work, I kept a personal reflective diary on the groups' activities over the course of the academic year. The reflective aspect included my thoughts and interpretation of the group activities and behaviours. Reflective thinking is grounded in the work of the researcher and is intended to improve it.

My initial intention was to conduct participant observations and to interview the group participants (Thomas, 2009; Cohen et al., 2007; Sabar Ben Yehoshua, 2001; Shkedi, 2003). However, due to ethical considerations (see the section on Ethical Issues in Chapter 3), I decided to use a reflective diary of my experience as a group facilitator as a research method to document the process I underwent as a facilitator and my understanding of the processes my students and the other group facilitators underwent.

Thomas (2009) refers to the reflective diary as a method that the researcher requests the research participants to use. That is, research participants are asked to keep a personal diary, and the researcher, with their consent, uses these diaries as an additional source of information of a more intimate nature. In this study I kept a diary for three main reasons. First, I had ethical guidelines to consider since the

participants were of a young age and secondly, I did not want the research participants to experience the diary as a cumbersome assignment. Moreover, sharing their thoughts and feelings in such a way may lead them to be less than honest in order to impress, or not offend, their facilitator.

Keeping a reflective diary revealed many advantages. Participant observation could affect the group's behaviour and create a feeling of a foreign, perhaps even threatening, critical third party in the room, which the participants might perceive as not confidential (Sabar Ben Yehoshua, 2001; Cohen et al., 2007). The reflective diary compelled me to take into account my position in the field and to become aware of the mutual interactive influences of its participants and myself.

In this study I employed the reflective diary tool to maintain the intimate, direct and focused character of work with the social skills learning groups. The objective was to maintain, as far as possible, the normal, routine way of working, which was customary prior to the study. The writing took place directly following each meeting with each of the groups when I remained alone in the classroom. Writing in the diary immediately following each group session allowed me to stay as close as possible to an authentic description of the session (Sabar Ben Yehoshua, 2001; Thomas, 2009). I made a concerted effort to record as detailed a description as possible of what had transpired during each lesson. At times the descriptions were written as if they were observations that took place in real time. A sample of one of the journey entries is provided below:

> T-Spoon looked at me and remained silent, as if I was supposed to read the bubble above his head. It looked like Kurt sensed his tension and expectation. He turned to me and said, 'We could play charades and guess what T-Spoon wants and he'll correct us'. Everyone started laughing, except for T-Spoon. He smiled an awkward smile, but mainly not to come out looking like a fool. 'How could it be that everyone can say what they feel or want, and only he gets stuck?' (Reflective diary).

Writing the events as 'live' as possible, mainly because the close proximity of the writing process to the meetings themselves enabled me to understand and to analyse what I had experienced in the group. At the actual moment I could only relate mainly to my feelings or to my first interpretation of the events. An example

of something I noticed only in retrospect with immense clarity was the roles the group participants took upon themselves and the way in which they represented each other's needs.

The diary became an essential component in data analysis, as it enabled me to record, process and provide ongoing interpretations of the process taking place in real time.

> Not to make these interpretations is one of the most common weaknesses of the research diary or its analysis. Taken as part of an ethnography, a diary is not simply a record of events (Thomas, 2009, p.168).

I attempted to employ this research tool according to Thomas' recommendation, and to turn the diary into an important asset of data collection as recording and interpretation were conducted simultaneously.

4.4.2.2 Semi-structured interviews

Within the framework of constructivist qualitative research the aim of interviews in this study was to jointly develop meanings, a process of constructing a reality to which both sides contribute and by which both sides are influenced (Kvale, 1996). An interview refers to face-to-face meetings with a study participant for the purpose of canvassing their opinions regarding the research topic. Questions may be pre-structured, but the conversation may also develop spontaneously. With the interviewees' consent the interviewer records their responses by writing or a recording device (Sabar-Ben Yehoshua, 1995).

My main interest, as mentioned previously, was in the meaning ascribed by the study participants to the experience as well as to its implications. For instance, is there a link between how the process is experienced and the acquisition of social skills? Other questions of interest included searching for the meaning of certain behaviours (Seidman, 2006). For instance, will a teacher who thinks that the social skills learning group is important cooperate more with the therapeutic staff and with his or her students?

To explore these meanings and connections I conducted semi-structured interviews with the staff members (see Appendices D and E). General questions were pre-planned in advance, but offered the participants relative space and freedom to express their attitudes (Kvale, 1996; Thomas, 2009; Sabar Ben Yehoshua, 2001; Shelski & Alpert, 2007). The interviews were conducted with participants twice – once in the middle of the academic year (March) and a second time at its conclusion (July). The first round of interviews served as a pilot to the second round. Being a novice researcher, I did not think about the possibility that the questions from the first round of interviews would give me only partial answers to what I was exploring. Because new questions arose as I analysed the first round of interview transcripts, I was interested in following up on these ideas and requested a second round of interviews with the participants. During the second round of interviews I learned from the participants that similarly the discussions we conducted aroused in them further thinking about the issues which they were interested in sharing.

The preparation of the questions in advance constituted the structured part of the interview. When interviewing I refrained as much as possible from asking guiding questions, such as, ’Do you think social skills learning is necessary?' Rather, focused questions were central to the interview, attempting to enable participants to explore and expand the issues examined (Shkedi, 2003), such as, 'What do you think social skills learning is?' Thus, questions were asked in a way that gave the interviewees the freedom to respond as they understood them with clarifications provided whenever the interviewee requested them.

While the nature of the semi-structured interview offers interviewees the freedom to describe matters in their own way and using their own words, the researcher ultimately determines, to a large extent, the direction of the interview. Before conducting interviews, I prepared an interview protocol which included a list of the topics and questions I wanted to explore. While during interviews conversations were not kept rigid and interviewees were given freedom to take the conversations to different paths which they considered important, the interview protocol written in advance allowed me to keep track of issues and the contents of the conversation in focus.

> ….this is the essence of a semi-structured interview – namely that the structure reminds you of your aims and themes, but it does not constrict you (Thomas, 2009, p. 166).

During interviews, the staff members shared their experiences in the encounter with young people identified with ADHD, their attitudes and feelings towards the social skills learning groups and how they interpreted these experiences. The questions were open, but specific and directed towards the studied topic (Rudestam & Newton 2001). An opening question, such as 'What is your position at the school?' was asked. Its purpose was to allow the interviewees to share their experiences in an open manner without any guidance. Further on, questions were asked with the purpose of leading the discussion towards the specific phenomenon that I wished to explore, such as how the educational and therapeutic staff perceive the social skills intervention programme and the challenges of integrating it within a school framework.

I made an effort to establish a safe space for sharing thoughts and feelings during interviews. The kind of information that was shared with me strengthened this belief as critical statements were also made regarding the intervention, including difficulties and challenges in addition to supportive statements. I encouraged the interviewees to freely speak their minds, but also redirected them to the issue every time they diverted from the relevant issue. At the same time, these diversions revealed and shed light on materials and points for consideration that I had not considered beforehand or expected to come up against, which considerably enriched the research (Bryman, 2004).

I conducted interviews from a stance that knowledge is in the hands of the interviewees and not in the hands of the researcher (Shkedi, 2003; Kassan & Kromer-Nevo, 2010, Kvale, 1996). The nature of the interviews allowed me to establish a direct and intimate relationship with the interviewees. In this way I was able to gather data in a way that no other method would have allowed me. In addition to the significant data that interviewees shared with me, the information conveyed emotionally through body language and intonation proved significant as well (Thomas, 2009). Interviews provided a means for examining issues in depth with

mutual clarifications, if necessary, both on my part and on the part of the interviewees. Moreover, they afforded an opening for follow-up interviews with the purpose of further exploring and clarifying matters which later arose. In addition, I listened to the first round of interviews and identified key themes and emerging issues before moving on to the second phase of interviewing. This process allowed me to make decisions regarding the themes I wished to explore in the second round of interviews. For example, I did not imagine that the educational staff, in particular, would express so distinctively and repeatedly the issue of cooperation among the staff. This issue was raised by all the interviewees. The topic of attitudes towards the social skills learning group thus yielded the topic of cooperation among the staff.

While interviews are a significant means of producing data, they have several drawbacks that were taken into account. The quality of the method depends on the researcher's skills as an interviewer. Moreover, the researcher's presence is likely to have an influence over the interviewees, like in any other human interaction, and all the more so in an interviewer-interviewee situation. This may affect the credibility of the data collected in this manner. As a professional therapist I believe that conducting intimate conversations is a skill I have acquired over time and with experience.

In order to conduct interviews in a professional manner that would produce trustworthy and credible data, I recorded the interviews with the educational and therapeutic staff and refrained from writing down notes during the interview for two main reasons. As I received the participants' consent for recording the conversation with them, it was important for me to create a comfortable atmosphere of a dialogue between peers, rather than create a distance by the physical presence of pen and paper and my visual disengagement to the writing activity. In addition, in order to avoid being distracted by the need to write or organise important things on paper, I preferred to stay focused on the conversation as it was taking place. Nevertheless, the use of a recorded interview does not permit for the documentation of the behavioural cues of the interviewees, their body language, speech tone and eye contact patterns (Thomas, 2009). Since all these were no less important than the explicit statements made during the interviews, I mentally 'wrote

these down' – an ability I am skilled at as a therapist, as picking up nonverbal cues or the 'music of things' is a required skill in my profession. In order to maintain these impressions, immediately following each interview I wrote down comments and descriptions concerning the manner in which the interviewee spoke and reacted in the interview. The interviews were then transcribed and analysed.

With the exception of the interview with the school director, which took place in her office, interviews took place in the social skills learning room after school hours, at a day and time convenient for the interviewees. The duration of the interviews varied according to the development of the conversation, but most interviews lasted approximately 45 minutes each. Interviews were recorded using a recording device and were later transcribed. It should be noted that conversations took place in Hebrew and then transcribed in the same language. For the purpose of this study, parts of interviews were translated to English. The risk of meaning getting lost or misinterpreted in translation is recognised (Kvale, 1996). These parts were translated back into Hebrew and compared with the original to ensure that the original meaning was maintained.

The first round of interviews occurred at the beginning of March, 2011 and the second took place at the middle of July, 2011. The interviews were conducted in an individual as opposed to group format.

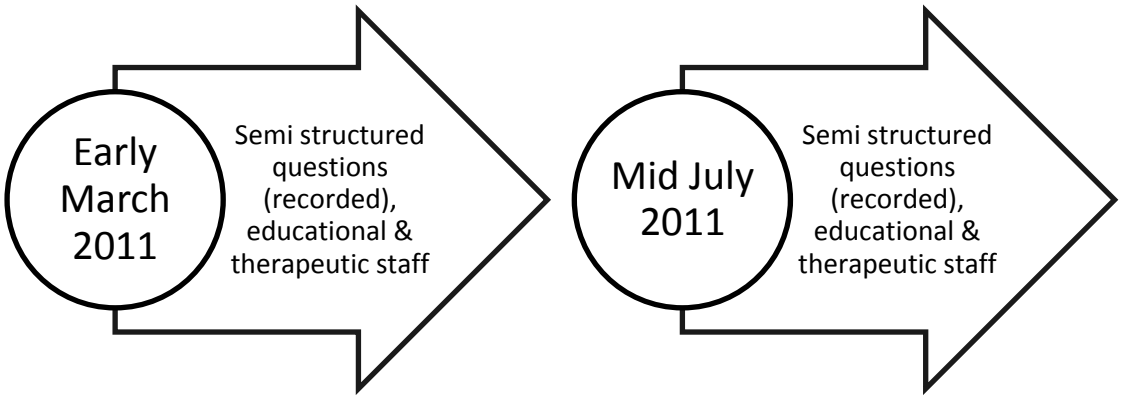

Diagram 4.1 Interview time schedule

During interviews, I explained to the teachers orally and in writing how the data would be collected and the anonymity policy to which I adhered. I further explained of their right not to participate in the study in any given moment as well as their right not to respond to questions they do not wish to answer which I would fully respect (Thomas, 2009) . Fortunately, the staff members not only agreed to take part in the study, but also showed enthusiasm and interest in the project and their desire to share their thoughts and ideas about these issues. After giving their consent orally, they signed an informed consent form (see Appendices B and C) and received a form with my commitment to uphold the stated ethical criteria. All the participants submitted the signed consent form.

4.4.2.3 Questionnaires

As mentioned previously, for ethical reasons I was strictly forbidden by the Israeli Ministry of Education's Chief Scientist to interview my students. Because of my role as their group facilitator, requesting their consent to be interviewed places them in a fragile position in which they may feel obligated to comply. For this reason, rather than conducting interviews as I had originally planned, students were asked to fill out an anonymous questionnaire. This allowed students to express their views and voice their opinions without fear of judgment on their facilitator's part. The questionnaire was administered to the group participants at the end of the academic year, on June 20, 2011. In order to ensure that students would not feel pressured to fill out the questionnaire in a certain way, the questionnaire was completed without my presence and later delivered to me via a third party.

The main aim of the questionnaire was to obtain the attitudes of the social skills learning group participants towards the programme. Taking heed of Thomas' (2009 p. 180) warning, 'remember that you are dependent entirely on their good will', I realised that while I relied on the good will of all my research participants, the students' good will would be most critical when asked to complete the questionnaire. Their voices are the ones that are usually left unheard beyond the classroom door. Their view of the process they underwent was perhaps the most significant to addressing the research questions.

For this reason I took great care in preparing a questionnaire that would give the students the opportunity to make their voices heard. Questionnaires as a research tool employed with students have a number of drawbacks that I needed to address. Students may perceive a questionnaire as a 'test', with right or wrong answers, eliciting insincere answers that the students believe their teacher would like to receive. Prior to its administration I provided the students with a thorough explanation regarding the purpose of the questionnaire and the desire to hear their sincere attitudes and feelings towards the programme. It was presented as a joint project with the aim of improving the programme, which would succeed only if they answered what they truly believed. It is this preparation that aimed at empowering the students which I believe resulted in all students, without exception, agreeing to participate and complete the questionnaires. Moreover, they expressed their enthusiasm regarding the opportunity to share their views regarding the programme.

Another problem that may arise with anonymous questionnaires is that respondents may have a hard time understanding what exactly is being asked in the questions. For example in the question which asks students if they feel they are all equal in the group, the meaning of the word ‘equal’ may have been interpreted differently by individual students. It may have been perceived as meaning they are all similar, they receive equal treatment, or in Hebrew a third meaning may be ascribed to the word ‘equal’ which is valuable or worthy.

Researchers are unable to later ask for clarifications, or alternately, to further explain the questions. For this reason, each question was carefully formulated in order to make sure that each elicited the information needed to address the research questions. For example, straightforward and tactless questions, such as, 'Are you impulsive?' or 'Can you regulate your feelings?' would probably not elicit the information searched. In order to elicit this information I constructed statements such as, ‘I can control myself and wait for my turn’ or 'when I am angry I say so'.

While the study is mainly qualitative in its approach, the questionnaire that was implemented is essentially quantitative and was designed based on a

medicalised model. As the questionnaire was formulated for the purpose of better understanding the attitudes of young people undergoing a behavioural intervention programme, two bodies of knowledge were consulted when constructing the questionnaire. Among the many questionnaires that have been designed to examine behavioural achievements of young people, the Adolescent Interpersonal Competence Questionnaire (AICQ) (Buhremester et al., 1998) is a particularly suitable measure of social skills relevant to friendship relationships. The AICQ is a modification of the Interpersonal Competence Questionnaire (ICQ), a measure that was originally developed to assess college students' interpersonal competence in close friendships and romantic relationships (Buhrmester, 1990, 1996; Buhrmester, et al., 1998). The 40-item AICQ (Buhremester, 1990) measure includes five dimensions of close relationships that were found to represent separate contents (i.e., initiative in interpersonal relationships, self-disclosure and coping with interpersonal conflicts). Another suitable questionnaire is the CBCL, a short version of the Child Behaviour Check List developed by Achenbach (1991) which measures social adaptation and the Working Alliance Inventory (WAI) developed by Horvath & Greenberg (1994) which measures therapeutic alliance.

The questionnaire developed for this study used statements from the abovementioned questionnaires. However, some statements were adapted to fit the characteristics of the participants in this study. Statements regarding the working model were specifically designed to explore the social skills learning group model examined here. For example, 'The facilitators' reception at the entry to class helps me to enter the group' or 'Social skills learning should always take place in the same room'.

This process yielded statements that were eventually presented in the questionnaire. Those statements were divided into four categories. The first three categories related to the content and included the major topics I wished to examine with respect to the research questions:

1. Statements regarding the therapeutic model

2. Statements regarding the awareness of 'self' and 'other'

3. Statements related to social skills

The fourth category included statements that were raised among the educational and therapeutic staff members and myself during the interviews:

4. Statements regarding the nature of the relationship and cooperation between the participants

The first category in the student questionnaire regarding the therapeutic model consisted of questions related to the participants' attitudes toward the internal setting (Statements 1-7 and 32-33 – the entry ceremony, sitting in a circle, clarity of group regulations) and the external model (Statements 8-14 – the length of the programme, compulsory participation, consistent co-facilitators and group composition for three years).

The second category in the questionnaire, regarding 'self' and 'other', consisted of statements regarding participants' awareness of their ADHD and that of the other members as well as self-acceptance and that of the other members in the group (Statements 15-18). **The third category** in the questionnaire regarding social skills consisted of questions regarding the participants' perception of their self-regulation and impulsivity (Statements 28-30). **The fourth category**, regarding the nature of the relationships, consisted of questions about the participants' perceptions of their relationships among the group participants and between the participants and the co-facilitators (Statements 19-27).

One example of measuring attitudes is by using the Likert scale (Thomas, 2009; Cohen et al., 2007) which require respondents to rate their attitudes or experiences along a continuum. The advantage of the Likert scale is that it provides a measureable response range for a certain question or statement.

> A Likert scale can be used in any situation where belief or attitude is to be measured (Thomas, 2009, p. 179).

When preparing the questionnaire, my original statements were rephrased as statements to be answered using a Likert scale. Positive phrasing of the statements helps to clarify them and focus on the relevant issue, while questions that are

negatively phrased are sometimes formulated in a false way or even opposite from the researcher's intention. Thus, the use of positive statements served for making it easier for the participants to understand them and thus made it easier to rate them (Shkedi, 2003). As such, for example, instead of phrasing a statement as, 'It is hard for me to restrain myself when others irritate me', the statement was phrased as 'I can restrain myself when others irritate me'.

Students were asked to rate the extent to which they agreed with each of the statements (Thomas, 2009) on a four-point scale. Students rated the extent to which they considered these statements to be true, ranging from 1-'not at all true' to 4-'very true'. Usually, five options are offered, but due to the tendency of participants to choose the middle, neutral option, I only offered four more 'decisive' options. The use of four options is based on Rosenberg's self-esteem questionnaire (Thomas, 2009). Thirty-three statements to be rated on the four-point Likert scale were included in the questionnaire (two of them, Number 32-33 were open questions). Statements differed with respect to the research questions, as shown in Table 4.4 below.

Research Question	**Statement**
How do the students participating in the social skills learning groups at different stages of the programme perceive the intervention?	I think that the social skill learning groups should be elective and not mandatory.
How does the social skill learning group intervention support the acquisition of social skills?	I can control myself and wait for my turn (in play, conversation and in general).
Questionnaire Division of 33 statements: 15 statements referred to the students' attitudes towards the social skill learning group working model – two were phrased as open-ended questions. 12 statements referred to the way the students perceive themselves, their beliefs or characteristics regarding their awareness of their ADHD and their ability to see the other. Six Statements referred to the acquisition, or lack thereof, of the social skills.	

Table 4.4: Research questions versus statements

The last two questions in the questionnaire were phrased as open-ended questions. These required students to answer the questions in their own words and to express their own feelings in response to the researcher's questions. Among the main differences between an open questionnaire and an interview is that the respondents answer the questions in writing rather than in speech, the questions are pre-set and there is no follow-up dialogue (Thomas, 2009; Shkedi, 2003). Open-ended questionnaires require them to formulate their answers in writing, a task that is usually considered more burdensome than speaking. For this reason, only two open-ended questions were included, particularly as the respondents are identified with ADHD and learning difficulties and so writing down a comprehensive answer could be especially challenging. Still, giving them an opportunity to express their ideas in their own words was important for 'hearing' their voices and for this purpose these two questions were included.

Thus, I attempted to simplify the task for the research participants by formulating the majority of my questions in the most accurate and concise way possible in statement form. In accordance with Thomas (2009), I considered the order of the questions by presenting the simpler ones in the beginning and presenting the more challenging ones in a graded fashion and finally presenting the open-ended ones at the end.

4.4. Data analysis

When analysing the data an inductive open coding procedure was applied to identify salient categories and concepts (see diagram 4.2). Interview transcripts, questionnaires and the reflective diary were annotated to produce a large number of categories (main themes) and subcategories (subthemes) (Dey, 2003). Some of these were expected as they were pre-assigned topics for discussion in the interview guide and the questionnaire (i.e., external and internal settings of the model or social skills challenges for students). Other themes emerged from the data which I did not anticipate prior to conducting interviews (e.g., cooperation issues between educational and therapeutic staff members or identity issues).

After splitting and then splicing the large number of categories and subcategories that were identified, data were eventually grouped into the following major categories: cooperation, integration and support for acquisition of social skills. For each category data were then compared between the different data sources (questionnaires, interviews and reflective diary) to juxtapose student views with the perceptions of the education staff members, therapeutic staff members and my own, as group facilitator and researcher of the study (See Diagram 5.1).

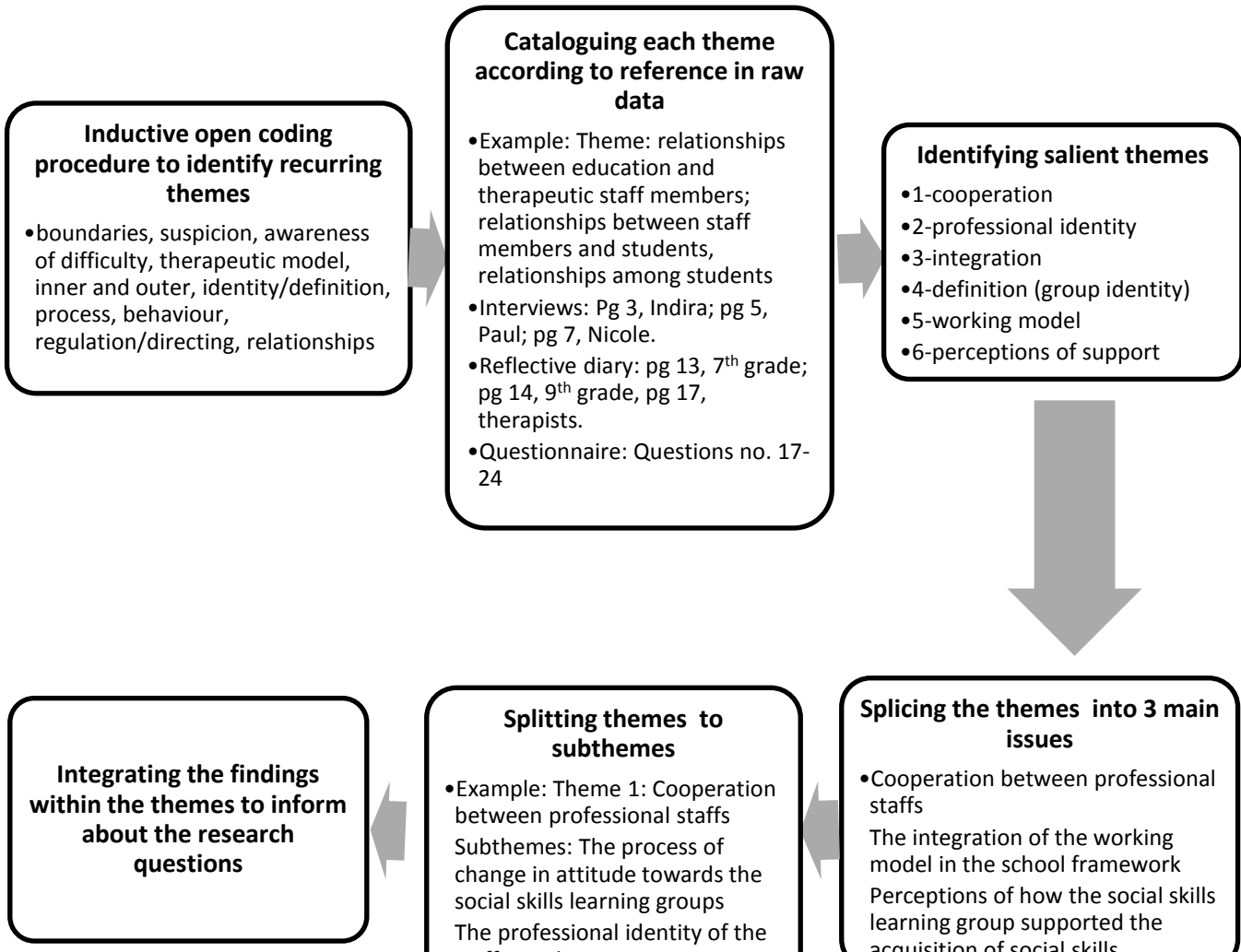

Diagram 4.2 Data analysis process

Data analysis was a gradual process through which the large body of data gathered was juxtaposed so that issues related to the research aims could emerge in the attempt to address the research questions. The next chapter will discuss the ideas that arose from this process.

4.5 Summary

In this chapter I outlined the research design. I described the social skills learning model that was applied in the intervention explored, how it was developed

and how it was implemented in the TLC School. The challenges posed by the intervention in the past raised questions regarding the model and led to the current exploration.

I then presented the tools I designed and employed for the purpose of gathering data. The challenges that arose at each stage of the data collection process, particularly the inability to interview students, and the deliberations regarding how to design alternative tools to gather information were discussed. The development of the questionnaire distributed to students, the interview process and the new directions to which it led and the process of self-reflection which evolved through the reflective diary that I kept were described.

The data analysis was also described. The data gathered from the different points of view presented by the education staff, the therapeutic staff and the students from 7^{th} and 9^{th} grades were read in depth and analysed using an inductive opening coding system. The diverse viewpoints were then juxtaposed in an attempt to capture a broad view of the process of integrating the social skills learning group within the school framework. The following chapter presents a detailed account of the data these research methods yielded.

Chapter 5: Findings

5.1 Introduction

This study explored the integration process of the psychodidactic intervention programme for acquiring social skills in a high school for young people identified with ADHD and learning difficulties. The research methodology adopted was a qualitative interpretive constructivist approach that sought to examine the attitudes and perceptions through the eyes of the research participants (Maykut & Morehouse, 1994; Woods, 1996; Robson, 2002).

The research also sought to explore perceptions of the group, in terms of whether participation in the social skills learning groups was thought by participants to have helped the students develop their social skills. The position of the researcher was that of an insider researcher, which meant playing a double role as both researcher and group facilitator. This enabled a more in-depth view of 'social skills learning group' phenomena (Patton, 2001).

In order to achieve this aim, three viewpoints were considered: the viewpoint of the therapeutic staff/social skills learning group facilitators (four facilitators); the viewpoint of the educational staff, including the two form teachers, the school coordinator and the school principal (four staff members); and the viewpoint of the students who participated in the social skills learning groups which included 7th graders in their first year of the programme and 9th graders in their third year of the programme (14 students).

Using the case study approach, expressions made by people constitute a main source of qualitative information, whether it is expression by speech, diaries, questionnaires or documents (Shkedi, 2003; Thomas, 2009). Data were gathered over the course of 2010-2011 academic year from interviews conducted with the educational and therapeutic staff members, questionnaires filled out by the student group participants and a reflective diary kept by the researcher of the two social skills learning groups that were facilitated during this period.

After splitting and then splicing the large number of categories and subcategories that were identified during the data analysis procedure, data were eventually grouped into the following major categories: cooperation, integration and support for acquisition of social skills. For each category, data were then compared between the different data sources (questionnaires, interviews and reflective diary) to juxtapose student views with the perceptions of the education staff members, therapeutic staff members and my own, as group facilitator and researcher of the study. Three research themes emerged during data analysis and are presented in Diagram 5.1 and discussed in further detail below.

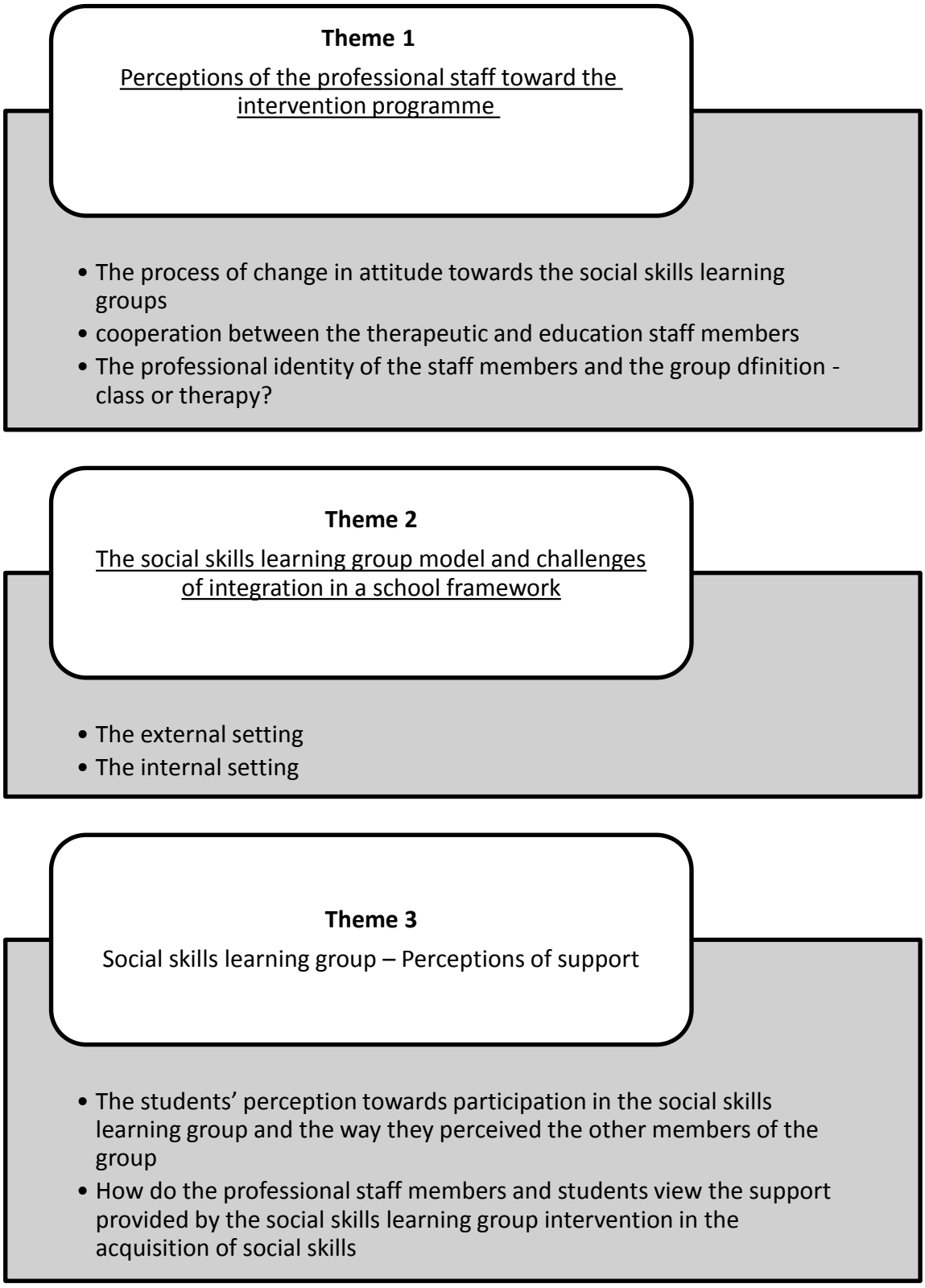

Diagram 5.1 Central research themes

5.2 Perceptions of the professional staff toward the intervention programme

The **first theme** that emerged was related to cooperation between therapeutic and educational staff. Two subthemes emerged from this theme: the first subtheme was related to the process of change in perception towards the social skills learning group. Findings showed a positive change from one of resistance and lack of understanding of the intervention programme (the social skills learning) to an attitude of acceptance and recognition of the importance of this kind of programme for young people identified with ADHD within the school framework. The process of change in perception occurred alongside a process of greater cooperation between the educational and therapeutic staff members, which emerged as a second subtheme. These parallel processes were accompanied by a questioning of the professional identity of the staff members as educators and therapists, which emerged as a third subtheme.

5.2.1 A question of professional identity and the group definition

In order to understand how the educational and therapeutic staff members perceived the social skills learning group, one of the questions they were asked was how they defined the group. The data suggested that the educational staff members had a very clear concept of the group as all four members of the educational staff interviewed thought that the groups should be defined as a lesson and not as therapy. Most of the therapeutic staff members thought that to define the social skills learning groups as 'therapy' would arouse greater resistance in both groups. Only one therapist thought it should be defined as group therapy.

The attitude of the educational staff members reflected their opinion that the definition of the group as therapy is threatening. The definition of the group as a lesson was also important for the roles and the responsibility of the school towards its students. The common opinion held by the educational staff was that the school is not a 'therapeutic' school and that the parents are the parties responsible for referring their children to emotional therapy:

> I think that it needs to stay defined the way it is now – social skills learning – because it is learning… they need to learn social skills too, just like they need to learn math. This is what I tell my students and their parents. We're not a psychiatric hospital, but a school, and when you use the word 'therapy', I think it misses the point. As a mother, I wouldn't want my child to receive therapy when I send him to learn! If the child needs therapy, I'll tell his parents and let them handle it. There are clinics for this purpose, right? This is a school! (Tali, 7th grade form teacher)

According to the majority of the educational staff, terming the groups as 'therapy groups' would not benefit the participants. It would only intimidate them and even negatively influence their motivation to take part in the groups. From the teachers' point of view, for a young person to admit that he or she needs therapy could be interpreted as there is something very wrong with me.

> I don't think that it should be defined as therapy, even though it is clear to everyone that you are therapists… I think that if we would define it as therapy in front of the children, I'm not sure they would come to the group with the same motivation. The truth is no one wants to go to therapy or say that they go to therapy – definitely not young people. (Danielle, 9th grade form teacher)

As with the educational staff, the therapeutic staff also thought that the word defining the social skills learning groups should be 'lesson', as they felt it was more appropriate to the educational framework in which it exists. Yet, one of the facilitators raised the definition issue as broader and more complex, stating that it raised significant questions and reflected upon the therapeutic identity of the therapists who were the group facilitators.

> I really didn't understand what it meant at first – a social skills learning group. And I'm aware of the fact that this concept is problematic, because you really need to reach a deep understanding of it. I was disappointed to discover that it wasn't what I thought it was. I felt like it was nonsense, a lie. What am I doing here and how come no one understands that this is therapy? How am I supposed to understand that this is a lesson that implements therapeutic tools? And why didn't anyone tell me that from the beginning, instead of letting me drown in chaos? And when we (the therapists/group facilitators) were in chaos, we were right there with the students. You go and explain to them what this is and what they are doing here, when you yourself have no idea! (Jill, social skills group facilitator)

It appears that the group facilitators had expectations, or a general concept, regarding the nature of social skills learning. The 'default' was to view these groups

for all intents and purposes as therapy groups. The sense of chaos and confusion, as described by Jill, resulted from the encounter with the classroom. As Jill, who was a novice facilitator continues,

> I came to conduct group therapy for improving social skills… I'm a therapist! I'm not a teacher or guidance counsellor, and certainly not a babysitter. I'm a therapist! To call it a 'lesson' is insulting, really. You want a lesson? Hire an arts and crafts teacher instead of stuttering in an attempt to explain to the students what this lesson is, when I'm not exactly sure, and more than that, don't agree with it. When the school advertised this post, it said 'Art therapists needed', didn't it? So, let me be who I am and let me say so. Why do I need to deal with my therapeutic identity on the group's account? I feel confused… It's not therapy, but it's like therapy. It's not a lesson, but it's like a lesson. The more I think about it, the more I understand that it can't go on this way… that if it's not completely clear to me, then I shouldn't really be here.

Understanding that these were not typical therapy groups, or groups with which the therapists had been familiar, was a slow process. Some described the feeling at first as fraud. Why had they not been told? Why had they not been forewarned that this was something that was unfamiliar to them? The sense of sobering or renewed understanding exacted a certain price from both the facilitators and the students alike. Thus, the definition of the social skills learning group as what 'it really is' – a lesson and not therapy – was very important for the group facilitators. By defining it as a lesson conducted using therapeutic tools, they could define their identity more clearly to themselves, and thereby play the role they were asked to perform in the groups.

Other facilitators explained their resolution with the difficulty in defining the groups by disregarding the label and placing emphasis on the content in terms of their professional identity.

> It's clear to me that calling it a lesson is for mere marketing reasons. That way it is easier to digest it at school. It's easier to 'sell' it to the students, and even their parents. At the end of the day, I am a therapist, that is what I know and that is what I do. As far as I'm concerned, they can call it a pickle, as long as I know what I'm doing. (Julio, group facilitator)

As the data showed, there was agreement in general between the educational and therapeutic staff regarding the definition of the social learning groups as a 'lesson'

and not as ‘therapy’. Yet, it would appear that the way to define these groups was less significant to senior therapists than to novice therapists. The type of questions that Jill, a novice therapist, asked included: ‘Is it a lie to define these groups as lessons when they are actually therapy?’ and ‘What role does the group facilitator play – that of teacher or therapist?’ Julio, a more senior group facilitator, felt less threatened by the label and accepted it for practical reasons rather than professional ones. He presented the group to the staff and the participants as a 'lesson' in which the school boundaries were respected, with the understanding that this labelling would allow him to conduct 'therapy' more effectively.

5.2.2 Change in perceptions of the staff members toward the social skills learning group as a result of cooperation

When analysing the data gathered regarding the perceptions of the staff members what emerged was a change in their perceptions that had occurred and was still in process for several reasons. The first was related to the change in the concept of the social skills learning group intervention programme four years earlier. As Tali, the 7th grade form teacher, explained:

> I didn't really understand what social learning was. When I asked my colleagues, they would answer, 'Forget it, no one really knows what's going on in there' or 'Don’t ask too many questions'. It was as if there was almost class differences – therapists don't mix with teachers. Obviously, I didn't like the idea from the start. What's this? Where exactly am I sending my students? What's the big secret? Are you conducting experiments on my students? (Laughs)…

This 'segregation policy' existed as part of the unwritten law regarding the work of therapists in the school under the encouragement of the school psychologist who established the social skills learning group programme with the school principal. While the majority of the therapists did not understand the rationale, it was never challenged. It was assumed that these two authorities knew better than novice facilitators as regards this new programme. It was believed that such segregation was for the benefit of the therapists, the teachers and, above all, the students, and that the boundaries and separation of professional fields were essential for the process. Moreover, it was feared that challenging such a position could come at the cost of one's position. With time, the majority of the therapists began to question

this stance, as it seemed to undermine our work and hinder the acceptance of the social skills learning group by the rest of the school staff and the students. This gradual sobering process led the therapists to begin approaching and meeting with the educational staff members in an almost 'clandestine' fashion. At this time, when Danielle, the 9th grade form teacher, turned to us (with great courage, as this was still against the accepted norms at the school), the therapists received her with open arms.

> I think that what helped me most to be part of social learning and to send my kids to you with my mind at ease, was simply the fact that I turned to you for every little thing. I basically forced you to meet me at least twice a week, during recesses, and such. I don't know if that's what you meant to happen, but somehow I decided to adopt you. It was clear to me that I was not going to be left alone with this, being a novice teacher on my own! When I saw that the therapists were responding enthusiastically, I wouldn't let you go! I panicked at first, but I think it benefitted everyone, especially my kids – they knew that I trusted you, and I think that calmed them down and me as well. (Danielle, 9th grade form teacher)

In the situation described above Danielle initiated contact between the educational and therapeutic staff at a time when this was discouraged. This intuitive understanding that such a process would benefit the students and the entire working process, gradually spread and led to cooperative work between the therapeutic and educational staff. The previously practiced 'segregation policy' changed, and it became recognised that greater communication and cooperation between the staff was necessary.

Another important difference that could be discerned by the situation described above by Danielle, who was a novice teacher at the time, was that the perceptions of staff members were related to professional seniority. Among the educational staff members, more senior teachers, who had already come a long way professionally and personally with the social skills learning groups, expressed less resistance to the groups. In contrast, novice teachers had greater difficulty comprehending what they were exactly and some were even warned not to get too close to the groups and their facilitators. With the assistance of the facilitators, they needed to undergo a certain initiation process to change their perception (see Table 5.1 below).

	Novice →	Senior
Therapeutic staff	• Sense of 'fraud' regarding the definition of the social skills learning group • Questioned professional identity	• Confident professional identity • Able to discriminate between label and content
Educational staff	• Ambiguity regarding the social skills learning group	• Accepted the social skills learning group as beneficial for students identified with ADHD

Table 5.1 Attitudinal changes between novice and senior group facilitators

While the number of staff members interviewed was small, there was general agreement that closer relationships, both personal and professional, which were formed between the members of the two staff groups resulted in changes that were made to the programme itself over time. The educational and therapeutic staff desegregated which led to greater transparency and clarity regarding what happens in the groups. At the same time, individual change was expressed in the professional position of the teachers toward the social skills groups. As the staff members were encouraged to cooperate in the best interests of the students, these closer working relations led to closer interpersonal relations and communication, which eventually led to greater acceptance and a more positive perception of the social skills learning groups and their facilitators.

These differences were raised by the school principal, Indira:

> I can distinguish between the two form teachers (7th grade and 9th grade). One of them is new to the school this year and the other has already been working at our school for three years. I think that it was much easier for the teacher who has been here for three years. She is already familiar with social skills learning and entered the position of form teacher when the groups already existed and were very much established. And the social learning is really like that – it is very present at the school. Experience makes all the

> difference and the dialogue that develops, the mutual dialogue … I think that what has happened in recent years is that we have brought the concept of the learning groups closer. The fact that you [the facilitators] meet with us more and are openly present in the school, as well as the shared decisions, the sharing, the consulting… these things have brought us closer.

The differences between the form teachers that the school principal raised were related not only to the extent of their previous experience with the social skills learning groups, but also to the nature of the relationship and cooperation they had formed with the therapeutic staff. Maintaining an open continuous relationship between the form teachers and the therapeutic staff allowed the education staff, especially the teacher who had worked longer with the therapeutic staff to accept the social skills learning group as a significant part of student life at the school.

> I think that when I taught the 7th graders, I didn't really understand what social learning was. I think that it was only in the 8th grade that I started to understand the concept better and to utilise your work. This changed mainly because of the meetings and dialogue with you [the facilitators] and also because of my students, who returned from your group with plenty of experiences and talked about you and about things that were happening to them in the group. The shared meetings with the staff members also helped me understand and connect to what happens in the group… Once I realised what it was, I took it upon myself to update and get updated, and to have a professional relationship, and happily also a personal relationship, that I experience as positive and appropriate. (Danielle, 9th grade form teacher)

The perception of the educational staff towards the social skills learning groups was very much affected not only by the professional relationships between the educational and therapeutic staff members, but also by the nature of their interpersonal relationship. The interpersonal acquaintance level became deeper and stronger with the progression of meetings. As the group facilitators became less anonymous and more familiar, as well as closer to the educational staff, the social skills learning groups were accepted with greater openness at the school.

> The teamwork was what changed my attitude. As we had more platforms to meet, and as I got to know 'the Adi' behind social skills learning, I saw that as more than theory, I have something to learn personally. I also understood that there are things that you see and I don't. I felt that the two parties, both you and I, are open to this dialogue. (Paul, middle school coordinator)

The importance of the personal dimension was emphasised by both the educational and therapeutic staff members. The 'chemistry', as the 7th grade form teacher called it, between the people involved was a significant element. When the personal relationship between the group facilitators and the form teachers was good, it was easier for the staff to help each other. When the group facilitator accompanied the form teachers professionally, this affected the quality of cooperation between the staff and the perception toward the social skills learning groups. The form teachers became more attentive and open towards the social skills learning groups and, eventually, also towards their students.

> Forgive me for being blunt, but I think that Danielle (9th grade form teacher), for instance, is closer to you personally, especially to you Adi. There is a kind of personal dimension here, one that I view as necessary by the way. In any case, social skills learning can improve only if the relationship is good. I understand that at first you were a little bit like Danielle's advisor, and I think that this is the key for doing the work. We, the educational staff, also need to undergo a process of instruction or guidance with you. In this matter, the chemistry is very meaningful in my view… in any job in general, and especially in this field. (Tali, 7th grade form teacher)

The therapeutic staff also agreed that cooperation and the nature of the relationship between the therapeutic and educational staff, on both a professional and personal level, has an immense influence on the perception of the educational staff towards the social skills learning groups and how they viewed the support of the social skills in participating in them.

> Cooperation and interpersonal relationships are necessary; I think that it takes our work with the kids to a whole new level. We manage to see things more inclusively, and there is something right about it, also in the diplomatic sense. Without the cooperation of the teachers, and of the school staff in general, and without working on our relationship, how will we be able to support the children? It's a little like parents who send their child to therapy, and if the relationship between the therapist and the parents is bad, they'll definitely find overt and covert ways to sabotage the therapeutic process. What I'm trying to say is that you can't accomplish a task that is so meaningful without being systemic, without having a relationship of some kind. Even in the sense of sharing the containment of our children, sometimes all of them together are kind of like one big tsunami, right? (Nicole, social skills learning group facilitator)

The therapeutic staff members further agreed that there were parallel processes of acceptance in which the group participants and the form teachers took part. The feelings and perceptions of the educational staff towards the social skills learning groups seemed to affect the group members and vice versa. A stronger relationship between the educational staff and the group facilitators created a better understanding, openness and dialogue between the staff members, and at the end of the process, promoted the acceptance of the social skills learning groups and acknowledgment of their value.

> I think that there's much ambivalence towards this thing called social skills learning, at least at first. But I can say that there is a significant difference between the 7th grade form teachers and the 9th grade form teachers. Sometimes there's a feeling that identification with the students is so intense that the 7th grade teachers are lost and stunned, just like their students. Just as parents who bring their children to therapy and attempt to shield them from any negative experiences. The work with the group often has to occur simultaneously with the work with the teachers. This isn't a simple matter… (Jill, social skills learning group facilitator)

The difference between the form teachers described above indicated yet another possible difference in the educational staff members' perceptions of the social skills learning groups. This difference did not appear to be related to the teachers' seniority, extent of experience with the groups or relationships with the group facilitators. The form teachers' acceptance of the groups was affected by the experiences of the group members. The resistance of the students to the social skills learning groups corresponded to their form teachers' resistance. At a later stage, when the experience of the group participants improved, the attitude of the form teacher towards the group became more positive as well.

> I think that the children who take part in the groups really contribute to the way the teachers perceive your group. There is a difference between a 7th grader who is participating in the social skills learning group for the first year and a student in his second, third or fourth year. I think that the attitude of the teachers is different, and it changes a lot thanks to the kids who participate in the groups… (Indira, school principal)

The seniority of the group participants influenced the way in which the social learning groups were perceived no less than that of the educational staff. The data clearly show that the group participants greatly influenced the position of the teachers regarding the social learning groups, for better and for worse. The question is what came first? While a relatively small number of teachers were interviewed, it

seems that in the case in which the group participants were veterans and the teacher was new, the students had some influence on the teacher. In the case in which both the teacher and the students were new, it seems that the influence was mutual and that the professional guidance process for both the teacher and the students was important.

5.2.3 Student perceptions of the group

The data suggested that the perceptions of the group participants towards the groups were the result of a process similar to that of the educational staff members – it gradually developed from resistance to group participation to forming a positive attitude towards the groups. According to the educational staff, the 7th graders perceived the social skills learning group as a useless encounter that was meant to cause them suffering and to 'drive them crazy'. The educational staff expressed that in their view the 9th graders thought that the social skills learning group was meaningful. They believed that it contributed to them and that participation in the group was important.

> I remember very well how the students complained continuously and refused to come to your groups during the 7th grade. It was really a struggle against their crazy panic. It took them some time to call it a 'group', to understand that it was for their own good. I see today my guys in the 9th grade, and the process they underwent in their attitude towards your group amazes me. They won't miss a session! I can tell you that they talk about you a lot, to each other, not so much to me. I know that they like coming to your group and that they're really waiting for the sessions. Often, if one of them has to be in detention on the day of the group, they ask me if I'm willing to change the day so as not to miss a session. (Danielle, 9th grade form teacher)

It seems that in spite of the resistance and difficulties experienced by the 7th grade group participants, they still viewed the participation in the group as important.

> I can tell you that they complain about you a lot! They say that they're bored, that you don't do anything there. They ask for permission not to come to your group because nothing is good for them or comfortable for them in your group. They tell me that it's torture, and ask why they even need it… I understand from this that it's very difficult for them to be in the group, but that it is also very meaningful for them. Ultimately, it's a kind of ritual… They complain, and I think it's because they want me to acknowledge their

> difficulty or something like that. I don't make a big deal out of it. They come and ask to be excused, and say what they have to say. I tell them that they don't have an option and that they need to go, and then they go… without too much resistance. Didn't you say they enjoy rituals? (Tali, 7th grade form teacher)

The therapeutic staff also said that the experience of participation was difficult for the 7th graders. In their view, a process of positive change was observed among the 9th graders:

> I think that the 7th graders definitely experience shock initially when they encounter things that they are not really familiar with. But I can also see the process they go through over the years – perhaps even at the end of the first year – when they realise what's going on. They go from suffering and anger and rage towards us to a calmness of some kind, and even feeling that it's good for them. I think the fact that we're not too excited about it, because we have already witnessed the process of change, also does something to them in the group – it eases their anxiety, that's for sure. (Julio, social skills learning group facilitator)

The above account suggests that the facilitators perceive the difficulty at the start of the programme as mainly deriving from meeting the unknown which forces the participants into a process of adaptation. According to facilitators, an adaptation process needs to be established over time and for this reason, among the 7th graders, resistance is salient and they require time to understand that the facilitators are on their side and have their best interest in mind. This adaptation process is assisted when the group facilitators project a relative sense of calm or, in Julio's words, when 'We're not too excited about it', knowing from previous experience that the attitudes will most likely change.

The students' point of view of how their form teacher perceived the social skills learning was also examined. When asked to rank the statement, 'My form teacher thinks that the social skills learning group is important', it seems that the participants of both groups felt that their form teachers acknowledged the importance of the social skills learning groups or that their teachers thought that the social skills learning group was valuable.

When students were asked what were the good points and bad points of the intervention, all seven 7th grade participants only listed negative points about the

group (i.e. 'it is boring'). Among the 9th graders, no student expressed a negative view of the group. The only 'complaint' that was written was that 'the group should take place twice a week'. All seven 9th grade participants raised positive points about the group (i.e. 'everyone has his or her own interesting story'). They expressed a positive view of the group and a greater appreciation of what they felt the group granted them. They attributed to the group their ability to open up and the interpersonal relationships they developed with their peers to the group.

Thus, what can be discerned from the staff members' accounts is that their perceptions underwent a process of positive change towards the social skills learning group which they attributed to greater collaboration and dialogue between the staff members from the different disciplines. They viewed this process as important for the benefit of supporting the students.

5.3 Integration of the social skills learning group within the school framework

The second main theme that emerged was the integration of the social skills learning group within the school framework. This theme was discerned from data regarding the working model of the group. It refers to the perceptions and experiences of the research participants towards the working model of the social skills learning group. Two subthemes were distinguished. The first was the external setting of the working model, which referred to the participants' attitudes towards the obligation to participate in the group, its four-year duration, the constancy of the group members and facilitators and co-facilitation. The second subtheme referred to the internal setting of the working model and included entering the group session, the opening circle and the boundaries of the group or the group as a safe place.

5.3.1 The external setting findings

As mentioned in Chapter 4, the external setting of the group is based on several basic elements. Mandatory participation in the group is required during the course of four years, and the group composition and the group facilitators are kept constant.

5.3.1.1 Compulsory participation

The study found that the educational and therapeutic staff, without exception, thought that participation in the social skills learning groups needed to be mandatory, like any other class. There was complete agreement among all the staff members that this is what is required for young people identified with ADHD.

> The school is not a democratic place, let's start with that. I think that people who work in education are not democratic people and I think that that is how it should be. There are things that as a director I know are right and wrong. It's a matter of principle. What I'm saying now is not scientific, and there are people who'll have different opinions. This school decided what it thinks is right for young people identified with ADHD and learning difficulties, when in my opinion these needs are not properly met in any other school. Here their needs are met in every aspect – academically, socially and interpersonally, if you'd like to put it this way. The school decided that there is no choice here, because the decision is based on the view that this is what's right for the children. We, the experienced adults, know in this case what is right for the children and what suits them. I think that most of our classes in the school are mandatory because it's appropriate and it's for their own good, and I don't think that social learning is an exception in that sense. (Indira, school principal)

The view appeared to be that as long as the social skills learning groups are recognised as a 'lesson' like any other lesson at school, it is legitimate to enforce participation on the pupils. As Paul, the 7th grade coordinator, explained, the students should not be given the right to choose what they want, but it should be the school's policy or a part of the school's agenda to reach a decision based on its professional experience and familiarity with the specific population of the school:

> If the students were given the option to choose, most of them would have chosen not to come, so what's it good for? It's what they need and I don't care if they want it or not. I'm the adult in charge here, and I tell them what they need, and not from a random position. I know, from my familiarity with this population and my years of professional experience, that this is what they need, and that's why what they want is irrelevant. I also don't ask them to choose whether to come to math or history lessons. This is the programme, and I think that it suits their situation and needs precisely. (Paul, the middle school coordinator)

As a facilitator for social skills learning groups within the school, I tend to agree that part of the role of an educator is to choose or decide over a broad spectrum what is

in the students' best interest. Yet, the school is committed to operate with maximum transparency as far as the students' parents are concerned. At the beginning of each year, a meeting with parents takes place in which it is explained how and why the social skills learning is part of the curriculum and in the school in general. It is emphasised that the social skills learning is not 'therapy' per se and, therefore, the school does not need parental consent for the students to participate in the groups, in the same way that it does not need parental consent for their children to participate in a math lesson or any other lesson on the timetable.

It is clear to me that if the social skills learning groups were defined as therapy, for all intents and purposes things would be managed differently. From the ethical aspect as well as humanitarian aspect, no one can be forced to receive therapy (and I do not refer to extreme cases in which forced hospitalisation is required). Moral questions would also arise, such as: Who decides if it is necessary or not? The therapist? The parents? The guardian? The law?

As a facilitator and researcher in this study, I agree with the notion that the relationship between teacher and student or between therapist and patient is asymmetrical, but it can and should be mutual, built as a dialogue with very clear boundaries. In this sense, there is a need to give space for the feelings and needs of the participants in the groups, but within the boundaries. In other words, it is possible to talk about the difficulties involved in being part of a group, and one is allowed to be angry and express opposition in the group rather than outside of the group. The question of whether to come to the group meetings is not negotiable. The discussions revealed that it was clear to the educational and therapeutic staff alike that the definition of the groups as 'lessons' for learning social skills and not as 'therapy' enabled the school management to compel the students to take part in the groups. To a large extent, acceptance of the position comes from the fact that it is framed as an educational intervention.

Staff members also raised the issue of avoidance or escape from coping with a difficulty as another reason for compulsory participation. Avoidance refers to the

attempts of the students to evade coping with their social difficulties resulting from ADHD. The form teachers of both grades raised this issue:

> I think that it's excellent that the students are obliged to come to the groups, because these kids in particular have severe social difficulty interacting with other children. This is exactly what they need. If they had an option, they would have given up and avoided it. (Danielle, 9th grade form teacher)

The phrase 'It's just necessary' was repeated in interviews. This necessity was viewed as parallel to other situations in the children's lives in which they are required to do things because that is what their significant others (parents and teachers) tell them to do.

> I think the obligation to participate in the groups is just necessary. It takes the issue off the students' shoulders. It's kind of a relief for the students – not even for the system or us therapists, but for the students. It's a little like a parent who 'forces' his child to go to the doctor or to go to therapy. It shouldn't be the child's choice. He doesn't choose whether he wants to or not. That would be putting him in a dilemma that, as I see it, is not even his dilemma. (Julio, the social skills learning group facilitator)

In response to Statement 14: 'The social skills learning group should be elective and not compulsory', the 7th graders showed a clearer tendency toward feeling that participation should be optional (four out of seven). There was not a uniform answer among the 9th graders – some thought participation should be compulsory and others thought it should be optional. (See Table 5.2).

Statement		**1- not true at all**	**2- true to some point**	**3- true**	**4- very much true**
'The social skills learning group should be elective and not compulsory'	**7th grade:**	0	1	2	4
	9th grade:	1	2	2	2

Table 5.2: Data for statement 14 in questionnaire

These findings indicate that while the majority of students perceive the social skills learning group as a lesson that ought to be an elective, there is complete agreement

among the academic and therapeutic staff members that it should be mandatory, regardless of the students' contradictory views. The responsibility, it is believed, rests on the adult professionals, i.e. the school staff.

5.3.1.2 The duration of participation (four years)

The data suggested that among the educational staff there was consensus regarding the need to conduct the social skills learning group during the entire period of four years in which the students learn at the school.

> I think that we should have the groups until the 12th grade. This condition doesn't disappear, and I think that as they mature, they need the groups more. I think that in every phase of their maturation, they will need different social skills, and I want to know that we can provide them with all the tools for that, at least for as long as they're in our school. (Indira, the school director)

It seems that in the eyes of the educational staff the four years of participation in the groups is a part of what students identified with ADHD need for two main reasons. Since they understand that ADHD will accompany the students throughout their lives, the school has the obligation to provide them with tools to cope with it, at least for as long as they learn in the school. In addition, learning to apply the social skills taught in the groups is a process that requires time to be fully internalised and beneficial to the students.

> I think that the time duration – four years – really allows them to undergo a process of forging 'team spirit' as a group. I see the kids who didn't come to the school at 7th grade but at 8th or 9th grade, for instance, and how it leaves them behind – as far as the social skills are concerned. The children who are old-timers in the group are in a completely different place from where they were when they started. The amazing thing is that the old-timers really pull the newcomers to their place, because they have the tools, the insight and the power that comes from the learning and a shared history in the groups. (Danielle, 9th grade form teacher)

There was consensus among the therapeutic staff as well regarding the importance of conducting the social skills learning group for four consecutive years. They mainly emphasised that this period allows the development of a working and learning process with the students and sends a message of constancy, trust establishment and empowerment.

> I don’t see how a meaningful process can occur in a year; in short-term sessions in general. It is only the beginning, there needs to be a foundation to build on – it’s a little like starting a car, but we should also check how it drives. I also see the enormous significance of the group continuity and constancy for the children. You can tell them a million times, “I’m not giving up on you”, “I’m here in spite of everything because you’re important to me.” It doesn’t work… others have given up on them before, they’ve been there before! But when you say it and your actions back it up, and when you keep them in the group for four years and experience with them all the possible dramas, after a year or two you start seeing the results and reminding them of 'the monsters with little faith' they were in the 7th grade. Is there something stronger and more meaningful than that? I don’t think so. (Julio, group facilitator)

Regarding Statement 13, 'The social skills learning group should meet for at least four years' the answers among the 7th graders were spread almost evenly between 1-not true at all and 4-very much true. The 9th grade participants tended to respond positively towards the four-year participation in the group. The most common answer was 3-true (four out of seven) and no one thought that it was not true at all (See Table 5.3).

Statement		**1- not true at all**	**2- true to some point**	**3- true**	**4- very much true**
'The social skills learning group should meet for at least four years'	**7th grade:**	2	2	2	1
	9th grade:	0	2	4	1

Table 5.3: Data for statement 13 in questionnaire

In summary, the educational and therapeutic staff thought that participating in the groups for four years was important and significant for two reasons. Firstly, they understood that some of the challenges are not temporary and should therefore be supported through the group activity for as long as possible in the school framework. Secondly, they perceived the programme as a process that requires time and persistence to achieve its aims. The position of the group participants shows that among the 7th grade participants, perceptions indicated no

particular tendency. The 9th graders perceived the time they participated in the group as an important factor in the programme.

5.3.1.3 Keeping the group and facilitators' composition constant

The data showed that the educational staff agreed regarding the constancy of the group facilitators for four years, mainly because the children who arrive to the school find it difficult to trust authority figures and education professionals.

> I find the fact that you stay with them for four years amazing. I think that never in their lives have they had someone accompany them this way – neither a teacher nor a therapist. They are so used to opening their mouth one moment and getting kicked out, for whatever reason… who has ever had the energy and patience for them before? (Tali, 7th grade form teacher)

The therapeutic staff also agreed on the importance of the group facilitators' constancy for the sake of the group participants, but they had reservations regarding the professional impact as a result of this constancy.

> There is no doubt that for our kids, constancy is extremely important, and for so many reasons: object constancy, a process of building trust and a relationship. In general, everything that is involved in the adult world plays a part here – the fact that this world rejected them, was exhausted by them, disappointed by them; parents and teachers whom they supposedly managed to destroy. It is clear to us that they do the correction with us and through us – but if I only look at our part, the group facilitators… I'm not so sure that for us, staying in this couple relationship for so many years, for four years, is good. It's an intimate relationship that you constantly need to nurture, to be brave, and not be afraid of talking about things. Sometimes I want to actually experience a different partnership, maybe working with a therapist from a different field, to enrich my professional experience – it's also good for the children in the group, isn't it? (Jill, group facilitator)

As for the constancy of the group participants, both the educational and therapeutic staff agreed that it was important for the group composition to maintain constancy for at least three years. They expressed the important role of forming relationships in the group during the course of these three years and beyond.

> I'm really in favour of them staying in the same groups and learning to cope with the implications of belonging to a group, I saw how it drove them crazy in the 7th grade. I remember them coming to me and asking to be placed in the second group, because they got nervous about the guys in their group who looked 'a bit off', either too nerdy or looked weird or I don't know what.

> Today they won't let anybody separate them… they are friends in the afternoon hours too. It amazes me every time... it's incredible to see their connection… (Jill, group facilitator)

However, when it came to the fourth year, the 10th graders, both the therapeutic and educational staff agreed that the students benefit from 'mixing' with students from other grades, mainly because of the transition from middle school (7th-9th grades) to high school (10th-12th grades). Most of the teachers and therapists emphasised the importance of a three-year process as a kind of preparation for change and developing coping skills, while the fourth year is perceived as a benchmark for whether the students have succeeded in internalising the social skills and can now actualise what they learned in any group in which they find themselves. Jill also raised the point that a social skill they need to acquire is the ability to simply cope with life, as separation is part of life, as well as the ability to be flexible and to adapt to circumstances, people and new social situations. According to Paul, the middle school coordinator,

> In the 10th grade, if you ask me, they are 'social learning graduates'. Three years have passed, and it's time to mix them up. Another reason is to prevent fixation, because it doesn't serve them either. They need to learn how to cope with changes, new people, and new kids who come to the school… I think that there's no better practice.

The majority of the therapeutic staff also expressed that it was necessary to let new students who arrive at the school in the 10th grade to join the older ones, especially in order to empower the older participants and help the new participants who had not participated in the social skills learning groups to get acclimatised in the school.

> I feel that after they learn and internalise this thing called social skills learning, they become like personal trainers. I think that it's really good for them, to shake the earth under their feet a little – mainly because changes are so hard for them. I think that it's also good that they take responsibility for the new participants; it's also a part of seeing the other. And I think it's happening... look, for instance, how they took Don under their wing, how they won't give up on him, and bring him to the group like two bodyguards. I want to know that I'm strengthening their feeling of belongingness and responsibility, and that's why I think it's important to keep the older participants with us, but in groups of new composition. (Julio, social skills learning facilitator)

In contrast, Jill, the social skills learning group facilitator, thought that the group composition should change every year as part of the social skills learning.

> I think that precisely because they are so rigid and fixated in their perceptions, I would challenge this side of them. In life they will also need to enter and leave groups, and then what? They will break down? This is life, you keep meeting new people, people leave you and others come into your life. Being together for a year is a huge amount of time!

Jill's opinion was different from the other therapists and teachers interviewed, but represent a contradictory view of the three-year constant group composition which needs to be taken into account.

Findings for Statement 12 regarding this statement, 'The students in the group should be different every year' indicate that the 9th grade participants were in favour of keeping constant group composition. It is possible that the differences between the 7th grade participants and the 9th grade participants relate to the fact that the 7th graders have no experience from which to draw or judge (See Table 5.4).

Statement		**1- not true at all**	**2- true to some point**	**3- true**	**4- very much true**
The students in the group should be different every year	**7th grade:**	3	0	2	2
	9th grade:	4	3	0	0

Table 5.4: Data for statement 12 in questionnaire

Regarding Statement 8, 'There should be different group facilitators every year', among the 9th grade participants, all the participants answered 1-not true at all. In contrast, the 7th grade participants provided responses across the range (See Table 5.5).

Statement		1- not true at all	2- true to some point	3- true	4- very much true
There should be different group facilitators every year	**7th grade:**	3	2	0	2
	9th grade:	7	0	0	0

Table 5.5: Data for statement 8 in questionnaire

From the point of view of the group participants, it seems that the 9th graders perceived keeping the composition of the group constant for at least three years as important. Most notable was the overall agreement of the 9th graders regarding the constancy of the group facilitators. All seven participants thought that the composition of the group facilitators should not be changed. Perceptions among 7th graders were not unanimous in this matter. One explanation could be that the 7th graders were in their first year of participation and had not spent enough time in the programme with the facilitators to understand the process or build their relationship with the group facilitators. This suggests that their experience of the group develops gradually as they experience it over time. In contrast, it seems that from the point of view of the educational and therapeutic staff (with the exception of Jill), the composition of the groups ought to stay constant for at least three years. They also agreed with changing the composition in the fourth year when the group is crystallised enough to do so and the students are able to apply what they have learned and to pass this knowledge to new participants.

5.3.1.4 Co-facilitation

The study found that regarding co-facilitation of the group, both the educational and therapeutic staff thought that the advantage of co-facilitation is mainly the sense of a family unit that it elicits, which was seen to allow the practice of parent-child relationships. They also emphasised the fact that the presence of two adults allowed for building a beneficent adult-child relationship and the practice of a dialogue. According to Danielle, the group members receive more opportunities to

experience relationships with adults, since there are two, and each has his or her own unique style and character.

> I think that in the group there should be two consistent co-facilitators for the kids to be able to build a relationship, to have enough time and space for processes, for mistakes and for their correction… like in parenting, two adult therapists who won't leave them, who will love them even if they are angry with them, as my parents always used to tell me when I was little. I really think that it's excellent for the children, also because they experience two different people, and obviously each of you has a certain role and a certain style, but still there is harmony. They also have the opportunity to choose who to approach, you or Julio, two styles of relationship and dialogue. There is a possibility to talk with either of you, which creates a balance. (Danielle, 9th grade form teacher)

The therapeutic staff thought that even though co-facilitation was sometimes complicated for the therapists, there was an advantage in the fact that it allowed the burden of containing the participants and their intensity to be divided. Another advantage expressed was the empowerment of the therapists.

The educational staff saw the benefits of co-facilitation as appropriate for the group participants in enabling them to 'practice' relationships with more than one adult and more than one style. The therapeutic staff raised another important point that focused on the professional side of co-facilitation and the advantages and disadvantages in these kinds of groups. Two important points raised by the group facilitators were the complexity of co-facilitation and the need for close mentoring in order to develop a 'professional relationship' and share the load as well as intensify to contain what is happening in the group. As a social skills learning group facilitator, my interpretation of the word intensification is on the one hand encouragement, mutual support, strengthening the ability to give feedback and to encourage each other, and on the other hand, 'joining forces' – our skills and abilities – in order to successfully contain all the contents and the strengths that the group participants bring.

> Co-facilitation isn't a simple matter at all, and you need to have a lot of luck finding the right person to work with. We have plenty of difficulties, and competitiveness and attitudinal conflicts between us – but every couple has it, and that's why you need constant supervision. The beautiful part of this is that with the right partner, you're not alone in the group – you take care of

> the problems together, you learn from each other, and there is something very empowering and professionally inspiring in it. (Nicole, social skills learning group facilitator)

Data from my reflective diary provided some useful insights into the students' views of co-facilitation. The diary indicated that the 7th grade participants perceived the presence of two group facilitators as intolerable, threatening and useless. Moreover, it seemed that the presence of two group facilitators made them feel very uncomfortable and elicited speculations regarding the reason behind it.

> I think that just as they're surprised to see Julio and me each time, they have developed paranoid conspiracy theories about us… Today, for instance, they said that two group facilitators are present in order to keep them from escaping. Or if one of them loses it, one of us will restrain him and the other will call for help. Another student said that we are like the good cop and bad cop, but that he still hasn't decided which is which. (Note in reflective diary)

The 7th graders often perceived us as dangerous external forces. They viewed co-facilitation as mainly 'double agony' which is threatening and unclear. The presence of two facilitators mainly increased group anxiety.

In contrast, the diary reflections revealed that the 9th graders perceived co-facilitation as beneficial.

> Kurt told us today that he thinks they're lucky that there are two of us! It made them laugh that they drove me crazy today and that Julio was outrageously calm. When I felt overwhelmed, they just made it so difficult for me to be angry with them, and God knows they deserved it! I hate when they start calling me Mom at such moments!!! I can't stand it when they start to try and calm me down and tell me, 'Mom, it's enough, don't make a big deal out of it, we have those days too...' and Julio has this face of 'Listen to them and calm down, they're right…' (Note in reflective diary)

It seems that the 9th grade participants felt secure and contained in the presence of two facilitators, as this provided them with more than one possibility to develop a close relationship with adults. They saw us as being part of the family unit and referred to me as 'Mom'. They perceived co-facilitation as a positive experience. They viewed it as an opportunity to practice two separate relationships, individually with each of the facilitators, and as one single family unit.

The advantages of co-facilitation were clear to both the educational and therapeutic staff members, especially in terms of providing students with the opportunity for building relationships with 'parental' significant adults for the process of establishing trust and creating dialogue. This process enables students to experience a model that has the potential to be transferred beyond the social skills learning class to their 'real' parents.

> Bill said today in the group that since he's been with us (Julio and I) he has managed to listen to his father more. Bill: "I still think that sometimes he behaves like an idiot, but then I stop for a second and try to think what he's trying to tell me, and what you and Julio would say". When I asked if he feels this way about his mother as well (do I have to stick my nose in everywhere?) he answers, "My mother is a bit heavy. She's not as funny as you are... I need to give her time." I answered, "I'm not sure that if I was your mother you'd think I was so funny, but thanks for the compliment… it was a compliment, right?" Bill smiles. (Note in reflective diary)

As previously mentioned, the 'parental' or 'facilitation' burden falls on four, rather than two, shoulders, and the ability to contain a group of young people identified with ADHD and what this entails, is shared by two facilitators.

5.3.2 The internal setting findings

5.3.2.1 Entering the group and the opening circle

As outlined in detail earlier, entering the group was a planned ritual, structured in advance, with the purpose of helping the group members prepare for the group, and make the transition from the outside world to the inside easier. It also included the organisation of the group members inside the room, before beginning the group activity.

The data suggested that the 7th grade participants had difficulty entering the group in an organised and regulated manner:

> A minute before the beginning of the session, Julio and I suddenly saw them running towards us with the hope that the door would disappear as they approached it… Yelling, attempts to kick the door, Julio blocks the door, smiling calmly, leaving them no choice but to enter one by one… he insists on shaking their hands and greeting them. Those who ignore him are sent to the back of the queue, with no drama, not too many words – we will stand here

> as long as it takes. Until they realise that that's what it takes for them to enter the group – to see us, we're here too. (Note in reflective diary)

The 9th graders were observed as accustomed to enter the group in the acceptable manner and they were easily able to get organised:

> The guys come to the social skills learning room and stand in a more or less organised queue. I reach out my hand to shake theirs and it makes them laugh… Kurt grabs my hand and pulls it and I get a hug. Each of them has his or her own way. Joe salutes, Justin has to touch my shaved head with the tip of his finger (later when he left the group, he put his entire palm on my head). T. Spoon looks into my eyes for a second and immediately looks down and bites his lips – you can see that he's making quite an effort; Don nods his head to say hi, with his hands in his pockets. Bill shakes Julio's hand and gives me a hug. Entering the group is done in a very organised, very good natured way. They put their bags in the corner and on the floor and sit down in a circle. (Note in reflective diary)

The ability to accept the entering ceremony and the freedom to improvise regarding how to use it showed both a process of internalisation regarding its importance and the acceptance of this ritual as part of the work process that takes place in the group. The feeling of comfort and security that the 9th grade participants exhibited enabled them to have fun and 'play'. Among the 7th graders such expressions were not apparent.

Interviews with the group facilitators suggested that they thought the group members' way of entering the room and their inner ability for organisation were connected. For example, entering the room in an organised way was felt to increase the chances of the session being calmer and more effective for the group participants, while a disorganised entrance was thought to increase the chances of the session being chaotic and being experienced as ineffective:

> The setting and its maintenance are crucial. First of all, this is what organises them, this is what they need – not to get scattered, not to be dragged out and throw their bodies in all directions… they are already scattered and overwhelmed inside. This entire thing has to be organised and held. Physical holding definitely holds their inner world as well and makes it into something more coherent. They need the help of this external concrete thing in order for their internal self to exist in the group in a controlled manner. (Nicole, social skills learning group facilitator)

The group facilitators perceived the entry ceremony as a necessary process in the ability of the participants to maintain the inner setting.

> There is no doubt in my mind that if we don't insist on the way the 7th graders should enter the group, put their bags aside and sit in a circle – without rocking, putting their feet on the chair of the kid next to them – the entire session would be like this… hyperactive and fluid. For an entire year, we can definitely insist on this, because otherwise they get lost; we lose them and they lose themselves. If you give up on this once, you're screwed! You can also see the enormous differences between the grades – in the 9th grade, you don't need to tell them anymore, and you find yourself even cutting them some slack at times and becoming flexible because you know that they are completely into it. And they don't take advantage of it. There is this silent agreement that that's how they need to get organised, and that's how they enter the group and sit down. (Julio, social skills learning group facilitator)

Regarding the sitting arrangement in a circle, data suggests that the group facilitators, without exception, thought this was very important for the ability of both groups to get organised.

> You can definitely see how their attention level changes when they sit straight, when their body is organised and in control, when their feet are on the floor, when they sit in a circle that looks like a circle. I think that we force them to a great extent to be aware of themselves and their physical environment, in order to give them another tool that will help them get organised, to be more in control and less overwhelmed. In this matter there is no difference between the grades, except for the resistance. The 7th graders will argue with you and test you over and over again, and it's important not to give up. (Nicole, social skills learning group facilitator)

According to student perceptions regarding Statement 1, 'Being welcomed by the group facilitators helps me enter the group', most of the 7th group participants tended to respond positively. The data indicates that all 7th graders perceived entering the group as helpful for them. Among the 9th grade participants, the answers were less consistent. It seems that the 9th graders perceived the entry ceremony as less necessary for them to begin the session and some believed they could make the transition from the outside to the inside setting without assistance (See Table 5.6).

Statement		1- not true at all	2- true to some point	3- true	4- very much true
'Being welcomed by the group facilitators helps me enter the group'	**7th grade:**	0	1	2	4
	9th grade:	1	2	2	2

Table 5.6: Data for statement 1 in questionnaire

Regarding Statement 2, 'Sitting in a circle helps me to get organised in the group', among the 7th graders it appears that they did not perceive this practice as an element that extremely helpful in organisation. Most of the 9th graders, regarded some value to sitting in a circle as part of the organisation process. However, no students ascribed a great deal of importance to it (See Table 5.7).

Statement		1- not true at all	2- true to some point	3- true	4- very much true
'Sitting in a circle helps me to get organised in the group.	**7th grade:**	2	3	2	0
	9th grade	1	5	1	0

Table 5.7: Data for statement 2 in questionnaire

Regarding Statement 3, 'Sitting in a circle helps me to start a discussion', among the 7th grade participants, the scores were diverse. Many of the 9th graders did not perceive sitting in a circle as facilitating the start of a discussion, possibly because they felt more skilled in interpersonal communication (see Table 5.8).

Statement		1- not true at all	2- true to some point	3- true	4- very much true
'Sitting in a circle helps me to start a discussion'.	**7th grade**	2	3	1	1
	9th grade	3	3	1	0

Table 5.8: Data for statement 3 in questionnaire

Thus, while the students did not perceive the circle as an important element of the groups, according to the group facilitators, it helps in organising the group

participants and influences the tone of the session, i.e., being more organised at the beginning of the meeting can generally 'predict' a relaxed and organised session. The group facilitators felt that the organisation ability of the 7th graders was a prominent issue. They perceived the 9th graders as able to organise themselves and sitting in the circle was not a significant issue.

5.3.2.2 Group boundaries

This section discusses the group boundaries and rules that are intended to help the participants feel protected and safe. These include rules for respectful behaviour, the non-acceptance of verbal and physical violence in the group, protection of the group participants' privacy and so on. The data suggested that both group participants and facilitators thought that the group boundaries and rules were clear.

> They understand the rules perfectly well! Not that we have so many rules… the difference between the grades is that they've already learned the rules in the 9th grade, they barely need us to remind them, and it is important for them to protect the intimate territory of the group, to settle things inside the group and with us. They are really respectful of each other in this matter… it's almost a matter of loyalty to each other here. And in the 7th grade, they don't understand the concept of rights or protecting each other. Their childishness and anxiety make them want to tell external others, and complain about what goes on in the group. They want the teacher to know that this and that was done to them. And they challenge the rules incessantly, but not because they don't understand them, simply because they are testing us… checking that we mean what we say. (Julio, social skills learning group facilitator)

Regarding Statement 4 in the questionnaire, 'In the group, the rules of behaviour are clear', the answers indicate that the group rules are clear to both groups (see Table 5.9).

Statement		**1- not true at all**	**2- true to some point**	**3- true**	**4- very much true**
'In the group, the rules of behaviour are clear'	**7th grade:**	1	0	4	2
	9th grade:	0	0	3	4

Table 5.9: Data for statement 4 in questionnaire

Regarding the question of group boundaries in Statement 6, 'What happens in the group should stay within the group', disagreement is expressed by a majority of the 7th graders. Among the 9th graders there is overall support of this statement.

Statement		1- not true at all	2- true to some point	3- true	4- very much true
'What happens in the group should stay within the group'	**7th grade:**	4	0	1	2
	9th grade:	0	1	1	5

Table 5.10: Data for statement 6 in questionnaire

It seems that the 7th graders may not fully understand the importance of keeping what happened in the group within the group. As was expressed by their form teachers, they talk to them outside of the group about their experience in the sessions, which supports the idea that they may not clearly understand the necessity for group boundaries. It is possible that the 9th grade participants understood that in order to preserve trust and security, they had to keep what happens during sessions within the group.

Concerning the statement 'The group is a safe place for me'', most of the 7th graders did not perceive this statement to be true. The group boundaries had to be clear to the group facilitators and the participants in order to support the process in the group. The perception expressed by 9th graders of the group as a safe and private space which should be protected and respected has to be internalised regarding the meaning of group boundaries and their importance in keeping the feeling of mutual trust by its participants (see Table 5.11).

Statement		1- not true at all	2- true to some point	3- true	4- very much true
The group is a safe place for me	**7th grade:**	5	1	0	1
	9th grade:	0	4	2	1

Table 5.11 Data for statement 7 in questionnaire

Thus, the general perceptions held by the students in the 7th grade indicate a sense of suspicion or distrust towards the internal setting of the group which is forced upon them. The 9th graders, in general, perceived the internal setting as a safe place of which they have joint ownership. It seems that building trust and a sense of togetherness require time and consistency. General agreement was expressed among the facilitators who viewed the internal setting as crucial for the process of both internal and external organisation of the students and for building the cohesiveness of the group.

5.4 Perceptions of support

The third theme that emerged from the data was related to the perceptions held by the different stakeholders – therapists, educational staff, and young people – of support that the social skills learning group provided the students. These perceptions were key to understanding the process of integrating the intervention in the school setting. Participants' perceptions centred on three main categories:

- Support of student participation in the social skills learning group and the way they perceived the other members of the group.
- Support of manifestations of what society regards as impulsive behaviour.
- Support of facility to form interpersonal relationships

5.4.1 Perceptions of student participation and view of other members in the social skills learning group

The professional staff expressed concern that students in the 7th grade often had a difficult time accepting other students in the class. In their view, 7th graders generally expected to be treated as if they were the only individuals in the class, tending to ignore the presence of the other students in the class and to avoid interaction with them.

> I'm talking about people [students] who don't look each other in the eye, not even in my eyes… who don't call each other by name, they just say, 'she said' and 'he said'. When I ask, 'Who is he? Does he have a name?' They point at

> the person and say, 'Come on, that one… him'. You can see that they don't even want to know who he is. (Tali, 7th grade form teacher)

The above description illustrates the perception of the professional staff regarding the difficulty of the 7th graders in relating to or recognising the presence of other group members. According to the staff, students were not prepared to, or did not bother, learning the names of others in the group and would refer to one another as 'him', 'her' or 'that guy'

A related concern highlighted by teachers was that the majority of the 7th grade students appeared to have difficulty accepting the fact that in the school there were other students identified with ADHD who experienced learning difficulties similar to their own. In their previous schools, these students were the exceptional ones. At this school, they met students who 'resembled' them and who had social and academic difficulties as well. According to the staff, the students had difficulties in seeing these commonalities.

> They have a very, very difficult time seeing the 'other'. I feel that this has reached the point of being a cliché about them. I think that they have a very serious problem with the 'other', especially since the other is them. The other is a very sharp mirror, even a cruel one, of themselves and who they are… I think that this process they undergo is difficult, first accepting the 'other' and then themselves, or understanding that the other is them to a large extent. (Paul, middle school coordinator)

According to the staff and my reflective diary, the transition from the classroom and the schoolyard to participation in the social skills learning group – a smaller and more intimate group – appeared to intensify the feelings that 7th grade students experienced in seeing the difficulties they shared with all the members of the group, especially in a smaller and more intimate setting. This imposed encounter was viewed as an experience that assisted them in questioning the reasons that brought them to the school.

> Johnny was freaked out by Mary today. To say freaked out is putting it mildly… he was really disgusted by her. By her slow speech, by the way she has trouble maintaining a coherent line of thought. It is amazing how the other group members stop existing for him when she starts talking. He avoids making eye contact with her and insists on only talking to me and Julio, trying to find out what is the meaning of this creature that is in the group with

> him… 'I don't understand?! Is she retarded or crazy or something?! Why is she even here? She should be in a place that suits people like her. I'm sorry, I can't be here. It's horrible here and I don't have anyone to talk to!' He gets up and leaves the group, slamming the door. (Note in reflective diary)

The professional staff members perceived the social skills learning group as supporting the students in engaging with one another and perceiving one another as sharing common challenges. The staff viewed the intervention as assisting the students to form an integrated group with interpersonal relationships among its members by the time they reach the 9th grade:

> You can see at the beginning of the year, how they're in class together. They have the ability to see each other, to listen to each other, to be in places of disagreeing with each other and in general, to be with other kids who are very different from them. Like Don, for instance, who joined the group this year and brought a different quality to the group – they could easily have rejected him, but they accepted him with this embrace, gave him the time to get used to the group, helped him to undergo in a week the process they underwent in three years. As far as they're concerned, they accept the different, themselves actually, and they still have the ability to be a part of the group while maintaining the differences between them. (Danielle, 9th grade form teacher)

What can be discerned is that 9th grade participants were perceived by the teachers and therapists to be at a stage in which they were able to share a space from a place of recognition and acceptance of themselves. From this similar place, they were also able to accept the 'other'. According to the professional staff, the fact that the group had spent three years together contributed to the process of acceptance and even a certain kind of containment of one another. Furthermore, the example above illustrates that when a new student arrived in class, the 9th grade group were seen to be comfortable enough and complete enough with themselves not to feel threatened by him or her. The staff felt that they were able to see and accept both the differences and similarities among them. A similar example from my reflective diary illustrates that I also perceived this process of development among the 9th graders:

> Joe asked Kurt if he notices his facial tics. Kurt laughs, a laugh that is somewhat bitter and replies, 'You think that I don't?! It's not that great on a first date…' and Joe replies ,'Try sitting in the movies with your girlfriend with your leg shaking like crazy because suddenly your body has to do something

> crazy, like go for a run.' I think that the conversation also makes Bill feel somewhat at ease and he answered with a sigh: 'Yeah, yeah… we're all the same here. The best thing is just to date each other…' Justin says, 'Bill, are you trying to tell us something?' and they laugh their heads off. (Note in reflective diary)

A consensus can be found among the therapeutic and educational staff regarding the support the students received in the social skills learning group to recognize the similarities they shared with the other students in the group. They viewed this support as a long process that develops over time.

> I don't know if you remember what the guys from the 9th grade were like when they were in the 7th grade, but I remember it all perfectly. I remember how they ignored each other, even physically. For instance, each would bring a chair and sit down; even if the group was chaotic… it was as though they were the only ones there. Today they organise the circle and make sure that everyone has a seat and that no one feels left out. I see the same behaviour they displayed then in the 7th grade today, and I'm encouraged by the knowledge that it will change. I know what it will look like in a year or two, or at least I hope so… (Julio, social skills learning group facilitator)

In terms of the students' perceptions, in general, the majority of the 7th grade participants did not perceive themselves as equal to others within the group. Most of the 9th grade participants perceived themselves as having equal status with peers (See Tables 5.12 and 5.13).

Statement		**1- not true at all**	**2- true to some point**	**3- true**	**4- very much true**
'In the group, we are all equal'	**7th grade:**	5	1	0	1
	9th grade:	0	1	4	2

Table 5.12: Data for statement 15 in questionnaire

Statement		1- not true at all	2- true to some point	3- true	4- very much true
'I prefer being in a group with children like me'	**7th grade:**	0	3	1	3
	9th grade:	0	2	0	5

Table 5.13: Data for statement 16 in questionnaire

Among the students in the 9th grade who participated in the social skills learning group for three years, there appears a general mutual acceptance of one another and a positive perception of being together.

5.4.2 Perceptions of support of manifestations viewed as impulsivity

The educational and therapeutic staff perceived the behavioural manifestations of the 7th grade students as 'physical' and 'externalised', 'impulsive' and 'unregulated'. The staff members said that they had a tendency to act out their emotions and desires, rather than to speak about them

> First of all, they don't talk about what they want. Their desire is almost always translated into an action. I will lie on the table, I will steal the sandwich because I'm hungry, I will kick the door because I want to enter and I want to enter now! And many times, if they don't get what they want, they'll just start whining. It's obviously a manipulation, but the kindergarten atmosphere here is unbelievable. (Tali – 7th grade form teacher)

'Childishness', 'egocentricity' and 'impulsivity' were words that were reiterated in one version or the other in all the interviews with both the educational and therapeutic staff. This characterisation of behaviour is often associated with ADHD in the literature (Barkley, 1998, 2002; Biderman, 2007; Plotnik, 2008) and it is said to be particularly prominent when young people with difficulties identified as ADHD are not supported (Manor & Tiano, 2012). The educational staff also maintained that the impulse to act out a need or an emotion was also characteristic of the 7th grade participants in situations in which they were required to cope with conflict:

> They don't have a minimal ability to handle conflicts, and I'm talking about the most idiotic things. Do you know how often they come to me for an inquiry because they were in a fight, or grabbed something by force that they wanted and weren't allowed to have? I tell you that these are kindergarten

> level incidents! My favourite quote is something that Michael from the 7th grade told me in an inquiry about pushing a friend of his against the tree. I asked him to describe in his words what had happened, and he told me, 'He started it… it was payback' (laughs). (Paul, middle school coordinator)

The educational staff members' perceptions of the behaviour of the 7th graders in class and at school, in general, were similar to perceptions of behaviour described by the therapeutic staff in the social skills learning groups:

> Wow! A difficult session! They have trouble listening to each other, sitting without swinging back and forth, keeping their hands to themselves… they come in and out of the group… every time from a different angle: I have to pee, I have a headache, I'm going to wash my hands and I'll be back, I have to drink, I'm dying of thirst… We find ourselves in a negotiation regarding the topic: to what extent can I restrain myself, or if I don't leave now, will you let me leave later? The feeling is that our negotiation is nothing but a weapon, and that its sole purpose is to exhaust us until we break down… I admit that at the end of the session, I felt that we had a kindergarten of grown children for an hour and a half... I'm exhausted! (Note in reflective diary)

The 9th grade participants were considered verbal and their impulsivity was considered low by the professional staff and in their own views. This indicates that both the professional staff and the students perceived the process of participating in the social skills learning group from the 7th grade as supporting them in terms of their self-regulation, organisation and impulsivity. Both the educational and therapeutic staff members perceived a process of acquisition of social skills from the 7th grade to the 9th grade:

> In the 9th grade, you can't believe that they used to be in the 7th grade; their organisation ability is different, their listening, and the ability to talk about themselves. In general, they are almost like normative young people. The impulsive places exist, but much less, and they are able to say, 'I didn't take Ritalin and it's going to take me some time'. Every declaration such as this one is indicative of complete awareness and it opens a new window for work. (Nicole, social skills learning group facilitator)

According to Jill, a social skills learning group facilitator, the 9th grade participants displayed good verbal skills and acting on impulse was low.

> In the 9th grade, you suddenly see a group of kids sitting in a circle, without swinging and without interrupting others who are talking. And they have things to say to each other and to us. They're able to tell you, 'This irritates me', and 'This doesn't work for me', or 'I have to leave for five minutes to

> take a walk', instead of cursing us or breaking a chair on their classmates' head because they are out of patience or something like that.

The therapeutic staff reported that among the 9th graders impulsive tendencies were present, but were verbalised into expressions of difficulties and possible ways to cope with them.

> Joe had a hard time in the group today. He drummed on himself and on the chairs of his classmates with two sticks of hot glue. He moved his legs nervously, drilling an invisible hole in the floor. Without saying too much, I gently put my hand on his knee. 'Wow,' he tells me, 'I guess I'm nervous!'... He asked for permission to take a piece of modelling clay from the closet – 'If I do something with my hands, it will calm me down, and I might be able to listen to you … I can't promise, but there's a pretty good chance'. (Note in reflective diary)

The above example illustrates that the therapeutic staff perceived the manifestations identified with ADHD (nervous shaking of legs) as still persisting, but they believed that the social skills learning group could assist the participants in developing awareness of the these manifestations ('I guess I'm nervous'), thereby, supporting them in developing coping strategies.

5.4.3 Perceptions of support to form interpersonal relationships

The most critical social skill to which all of the research participants related was support in forming interpersonal relationships, as a great deal of focus is placed on this skill in the social skills learning group intervention programme. According to the professional staff, it was difficult for the 7th grade participants to express support of the other group members.

> There is something both funny and sad in watching them in class, and mostly during recess. They have absolutely no idea how to approach each other. They will grab the ball with force if they want to participate in a game. They will annoy each other incessantly and would rather be left alone in their own bubble. (Tali, 7th grade form teacher)

This same difficulty was also perceived by the therapeutic staff:

> Emma sat down in the group quietly and cried. Julio and I tried to say something about it in the opening circle. Something like, 'We can see that you are very sad today…' She didn't get a chance to answer before Mika immediately interrupted, 'Come on!!! Can we start already?!' And Johnny continued, 'God, it's boring here!' In seconds, they managed to get the group

> to follow them. The group wasn't able to contain this situation! Julio remarked, 'We have started and we're trying to see what's happening with Emma. Did you notice that she is sad today?' Mika responded, stunned, 'I don't see how this has to do with anything?' (Reflective diary)

As the above example illustrates, challenges in recognising and acknowledging that another member of the group is in distress were noted by the professional staff. The professional staff perceived the students as having difficulty offering any assistance or consolation as would be expected in an interpersonal encounter. Unlike the situation described earlier by Tali, the form teacher, in which the educational staff members were for the most part observers of such behaviour, in the social skills learning group these critical moments were examined and discussed through the mediation of the group facilitators. Students in the 7th grade often perceived personal and intimate situations in the social skills learning group as suspicious.

> Johnny told us today, 'It's like you're trying to observe us and see if we can get along with each other and all that', and Mike added, 'Yeah! You're paedophiles, like all those psychologists!' (Note in reflective diary)

As these students so strongly expressed, any attempt to discuss or delve into an interpersonal situation was generally met with distrust and resistance.

According to the professional staff, the 9th grade participants displayed skills in forming interpersonal relationships, which was perceived by staff members as a skill which was supported by the social skills learning group.

> First of all, they're friends. They are all for one and one for all! They really help each other, defend each other. I know that they meet in the afternoon hours too, because they talk about it a lot – which is really amazing. But it wasn't always this way, not at all! A year or two ago, it seemed like a connection between any of them was not possible. Maybe between two specific kids only, but definitely not as a group or as a gang that enjoys spending time together. I can't tell you if it's all because of the social skills learning, but it's clear that the facilitators have a very big and meaningful role in all of this. It's obvious that the kids who have been in the social skills learning group since the 7th grade have undergone a meaningful process. (Danielle, form teacher)

This process was similarly perceived within the social skills learning group. The 9th grade participants were described by the therapeutic staff as able to contain intimate situations. They demonstrated the depth of the interpersonal relations they

had reached by showing the support and help they gave to each other in moments of difficulty.

> Bill came to the group really edgy and wouldn't stop annoying others. Julio asked him, 'What's going on today?' And Bill said, 'Nothing…' Kurt tried to help him 'Come on, man… does this have anything to do with the English test? Come on, let it out!' Joe stood up and said, 'Hi, my name is Bill and I'm really bummed…' They all started laughing, 'Come on, man, there isn't a person here who got more than 30 on the test, except for Justin, but that's because his mom is American and it doesn't count.' Justin immediately stood up, like in the round of a support group, 'Hi, my name is Justin and my mom is American, so you can all go to hell! Except for Bill, because he is bummed anyway…' (Reflective diary)

The therapeutic staff perceived the group as a place that supported the 9th graders in containing and supporting one another. The example above is also indicative of the intimacy and safety the students sensed in the group, as they could regard themselves with humour which naturally 'softened' the tension or anguish with which Bill arrived at the start of the session.

The 9th grade participants did not view their relationships with the facilitators as suspicious or underscored by an ulterior motive. They often referred to their relationship with the group facilitators as a positive trusting bond. It was important for them to define this relationship for themselves and to continually confirm whether it was mutual.

> Today we had a very lively conversation in the group about our relationship. On the one hand, they explained to us that we are almost as important to them as their parents, but on the other hand, Kurt and Joe wouldn't stop saying, 'You're probably like that with everybody and you tell everybody they're special and stuff like that…' We returned the question, 'Is that what you really think?' Because what can we reply to that? How can we prove to them that we really love them, that they truly are important to us, and that we think that they're amazing? The things they say drive me crazy, and in those moments, I forget about being a therapist… I just want them to believe me. (Note in reflective diary)

In the open questions regarding the advantages and disadvantages of the group (Questions 32 and 33: 'What is good about the social skills learning group?' and 'What is not good about the social skills learning group?'), the answers the 9th grade participants gave were related to the other group members. For example, one

response to what is good about the group was 'The rest of the guys in the group have interesting personal stories.' Among the responses of the 9th grade participants to what is not good about the group, participants wrote, 'Some stories are more interesting than others' or 'Some participants are chatterboxes. I get what they said the first time; they don't need to keep going on and on.' What can be discerned from these responses is that in the 9th grade, the others in the group are of interest to the participants and interpersonal relations are perceived as important.

5.5 Summary

Three main interrelated themes emerged from the data. When juxtaposing perceptions of the educational and therapeutic staff members the gradual dialogue which led to cooperation between them was found to be important in establishing professional self-identity and a clearer definition of the social skills learning group. This process facilitated the integration of the programme within the school framework, as perceptions of the staff members and group participants towards the working model underwent a change from resistance to acceptance.

Towards the end of this process, the educational and therapeutic staff members, as well as the group participants, particularly the 9th graders, perceived the programme as supporting the students in the acquisition of social skills. Students in the 7th grade and at the start of the process tended to perceive the intervention with some suspicion and expressed doubts regarding both the external and internal setting of the model. They were perceived as manifesting challenges in participating within the group and acknowledging the other members in the group. They were perceived as manifesting what is regarded by society as impulsive behaviour. They were also perceived as manifesting challenges in forming interpersonal relations among one another. The educational and therapeutic staff members as well as the 9th grade students perceived three years of participation in the intervention as supporting all three challenging areas.

As will be discussed in the next chapter, it seems that the integration of the intervention within the school framework through the cooperative effort between

the educational and therapeutic staff members was instrumental in the perceptions of support that the intervention provided the students.

Chapter 6: Discussion - Reflections on Findings

6.1 Introduction

The current study explored the integration of a social skills learning intervention programme in a school setting. In order to explore the process, the following four research questions were addressed:

1. How do the educational and therapeutic staff members perceive the social skills learning group intervention programme?

2. How do the students participating in the social skills learning groups at different stages of the programme perceive the intervention?

3. How do the professional staff members and students view the support provided by the social skills learning group intervention in the acquisition of social skills?

4. What are the challenges of integrating a social skills learning intervention programme within a school framework?

This chapter aims to address each of the research questions and relates to them as they arose in the findings from three points of view – that of the educational staff, the therapeutic staff, and the group participants. When juxtaposing the different viewpoints a fuller picture of the process can be seen. The importance of relations between the therapeutic and the educational staff members and relations between each and the students emerge as interrelated in the successful integration of the social skills learning groups within the school setting. Each viewpoint will be discussed in relation to the existing literature on these issues. The implications of the findings and the direct practical outcomes in the TLC school will then be presented.

6.2 Challenges of integrating the social skills learning group intervention in the school framework

In an attempt to address the research question regarding the challenges of integrating a social skills learning intervention programme within a school

framework, data from interviews with the professional staff revealed a complex process of integration in terms of the perceptions held by the educational and therapeutic staff towards the social skills learning group, the findings suggest that all the professional staff members who participated in the study perceived the intervention programme as important for this student population and believed that it supported their acquisition of social skills.

Former interventions to support young people identified with ADHD have been found to contribute to their social skills acquisition (Barkley et al, 2001; Antshel & Remer, 2003; Burlingame et al., 2004; DuPaul & Weyandt, 2006; Biderman, 2007; DuPaul & Stoner, 2010; DuPaul & Evans, 2008). Similarly, the educational and therapeutic staff members at the TLC School perceived the intervention as assisting the students with social skills challenges. Notwithstanding, the positive attitudes expressed by staff members were not established immediately, and data indicated that a process of attitudinal change towards the social skills learning group involved a long process of acceptance and integration within the school curriculum. The change in attitude by the school staff members towards the social skills learning groups was mainly influenced by three factors.

First, an important change in understanding the concept of how the staff in the school should approach working together appears to have facilitated the implementation of the social skills learning group intervention programme. During the first years of the programme, the educational and therapeutic staff were kept completely separate and this apparently related to a seemingly well-intentioned, but arguably misguided assumption that the students' privacy would be better safeguarded.

The professional staff indicated that this assumption was made out of what they believed was a mistaken perception that the social skills learning groups act within a therapeutic context and they are therapeutic groups for all intents and purposes. Ethically, in this sense, the group facilitators understood that they were obliged to keep the confidentiality and privacy of the participants. According to the professional staff, another reason to keep the separation apparently involved power

relations aimed at maintaining professional hierarchy. They sensed that the disciplines were not to mix and the therapist was supposedly to hold a ‘superior’ position that pretended to see the full picture in the most complete, accurate and ‘crystallized’ way possible which did not include the opinions and positions of the educational staff. According to the therapeutic staff, they believed that it was expected to assume a position of possession of knowledge and that as therapists they were expected to ‘know best how to take care of or treat these students’. According to the therapeutic staff, this position was zealously guarded and the therapeutic team felt that it was not permitted to challenge the notion, even when they sensed that it was inappropriate and undermining their work in the social skills learning groups.

This separation seemingly led to a lack of communication between the staff members and resulted in the educational staff having difficulty in understanding, and therefore accepting, the social skills learning group intervention. It also appears to have led to the therapeutic staff not having access to potentially significant information regarding their group participants outside of the group sessions.

The educational staff members suggested that, as a result, they often felt excluded from the social skills learning group sessions, but curious as to what transpires there. They expressed a sense of helplessness when the students complained about the social skills learning and felt a strong desire to 'protect' them from the group facilitators. Hence, the teachers justifiably showed little tolerance for their ‘not knowing’ state. Anxieties and defensive actions were not only characteristic of the educational staff members. The therapeutic staff members also expressed feeling anxious regarding the possibility that they did not know their students as profoundly as the educational staff, or at least that they had trouble translating what they saw or experienced with their students.

The essential issues that emerged in the educational-therapeutic encounter concerned mainly the concept of ‘splitting’ (Klein, 2002; Bion, 1961). Is the therapeutic staff a part of the school staff? The split between 'us' and 'them' is a mechanism that serves for self-establishment and meets defensive needs of pushing

aside the feelings of loneliness and lack of belongingness. The splitting into 'us' and 'them' leads to group cohesiveness that seemingly allows for more efficient work inside the group to occur (Berman et al., 2000). In this sense, the definition of the group facilitators as 'them' helped the teachers to define themselves as 'us'. This splitting mechanism is meant to help one survive.

The understanding amongst both groups of staff that such a split undermined the support and the learning process of the students led to a gradual change from the grass roots. Against the school's therapeutic conception existing at the time, teachers and therapists joined forces and began to cooperate for the shared intent of assisting the students. This joint cooperation led to an important change which was introduced to the school four years prior to conducting this study. Unlike the former school policy, the new one encouraged cooperation and communication between the staff members, and this appears to have dramatically changed attitudes towards the social skills learning groups. In order for collaboration to succeed, a continuous working relationship that included joint meetings, consultations and the sharing of information was required to build a relationship based on professional transparency without violating the privacy of the students. When this relationship was established as a part of the professional agenda, it contributed to more positive attitudes towards the social skills learning groups. This process strongly supports the view that cooperation is an essential component of interdisciplinary work (Abbott et al., 2005), particularly in the education system (Manor-Binyamini, 2003). The process that took place at the TLC School towards cooperative work illustrated how professionals from diverse disciplines can construct a holistic view of the student and can identify his or her strengths and weaknesses in the learning, emotional, social and behavioural domains when they engage in dialogue and share information. Support can jointly be provided and followed up so that the students' needs are met comprehensively (Manor-Binyamini, 2003, 2004; Frost, 2005; Frost & Stein, 2009).

However, for successful partnerships to be established, continuous unified supervision and guidance is required (Atkinson, 2007). In the current study, it was in fact the supervisory position which imposed lack of communication and cooperation. The transition towards interdisciplinary collaboration was initiated from the staff

members who also led the integration process. While research has argued that conflicting interests and a tendency for secrecy in order to maintain one's 'superiority' in each discipline arises during integrative work (Manor-Binyamini, 2003; 2004; Lacey, 1996), in the current study such sentiments and power struggles between disciplines dissipated when each the staff groups began to communicate and share knowledge as a result of the transition towards integration.

The transition from separation to integration led to a **second** interrelated factor in attitudinal changes. As the professional relationship between the educational and therapeutic staff was established, the proximity of working together and the communication channel that opened up naturally led to improved interpersonal relations between the two staff groups. The availability and accessibility of the therapeutic staff to the educational staff, through both formal and informal meetings, the presence of the therapeutic staff in the schoolyard, the teachers' lounge and so on, gave the therapeutic staff members greater opportunity to discuss, explain and to a certain extent promote the social skills learning group intervention programme.

The process of joint cooperation between the educational and therapeutic staff members appears to have led to a process of 'awakening' among the therapeutic staff members. Coming out of the isolated cocoon of the therapeutic school area led to an assimilation process of the therapists within the wider school arena. According to the therapeutic staff, the physical assimilation also led to a sense of belonging to the general school environment.

Consequently, the members of both the educational and therapeutic staff began forming more personal and amicable relationships. The improved professional and personal relationships between staff members appear to have had a profound influence on changing perceptions of the social skills learning group from resistance to acceptance. This change came to light and could be seen in the differences that arose between staff members with greater seniority, who experienced the change and had already established close professional and personal relationships with one

another, and the novice staff members who had yet to establish this kind of relationship.

A **third** important factor suggested by the findings is a process of questioning the identity of the social skills learning group, leading to a clearer definition of the group, which eventually made it significantly easier to accept. When the essence of the social skills learning group was not clear to the educational staff, the attitude towards it was ambivalent. The educational staff tended to define the social skills learning group as another 'lesson' within the school programme. Yet, unlike the other lessons such as math or language, the educational staff appeared unsure of what exactly transpired in the social skills learning groups. The work in the group did not require a grade, as in the other classes, it took place at a different area in the school and its contents could not be communicated outside of the lesson. The research findings also indicate that the identity of the social skills learning group was equally unclear to the therapeutic staff. The facilitators tended to define the group as 'therapy', yet it was limited by the school boundaries which hindered the therapeutic process to some degree. The difficulty in discerning whether the group was in fact a 'lesson' or 'therapy' left its identity in question.

The process of integration within the school and, as a result, the understanding that the therapeutic staff and the social skills learning group were part of the school environment, initiated a gradual process of identifying and defining the group as a *lesson using therapeutic tools*. This development seems to have led to a further change in the therapeutic staff members' attitudes towards the social skills learning group. According to the therapeutic staff, as the identity of the group became clearer to them, it became easier to endorse it. That is, the group facilitators could not 'sell', or explain, the social skills learning group when they were in a continuous self-dialogue regarding the question of its identity and the question of their identity within it. When the therapeutic staff was able to communicate this definition to the educational staff, both staff groups appear to have been better able to accept the concept.

According to the literature, there is general agreement that integrated work can lead to a better understanding of the roles of other professionals (Atkinson et al., 2007; Lacey, 1996). Cooperation among professionals from various disciplines depends on the status awareness of those disciplines (Manor-Binyamini, 2004). Rainforth and York-Barr (1997) argue that battles between different specialists over 'territory' and struggles over the definition of roles and situations hinder collaboration among professionals from different disciplines. However, in the current study, an opposite process was observed. When the educational and therapeutic staff were kept separated and the status hierarchy was maintained, the roles of the professional staff members, particularly the therapeutic professionals, were ambiguous and the definition of the social skills learning group was unclear to all involved. The transition towards cooperation led to a dialogue surrounding each professional's role and the definition of the social skills learning group. The open communication and shared knowledge led to questioning not only the other's role, but also one's own professional self-identity. From this process the social skills learning group could be clearly defined by all as a lesson using therapeutic tools.

Former intervention groups that have been examined in the literature in Israel were mainly implemented outside of the school context. Interventions that are offered at schools are for the most part separate 'enrichment' programmes provided for specific students who are removed from the mainstream school programme and are not necessarily for students identified with ADHD, but rather with diverse learning challenges (Einat, 2000; Leitner, 2003; Kuzminsky, 2004). These have typically provided students with learning strategies for the purpose of enhancing academic achievements (Leitner, 2003; Plotnik, 2008; Manor & Tiano, 2012). Interventions which have offered therapeutic support have been more limited and in these cases they have been provided outside of the school framework after school hours or during summer vacations (Shechtman, 2002, 2010; MTA Cooperative Group, 1999). The diverse interventions examined in the literature, for the most part, maintained complete separation between the educational and therapeutic fields. The professional boundaries of practitioners, whether teachers, therapists or counsellors, among others, were clearly defined and agreed upon.

Thus, academic achievements were the responsibility of the educational staff and emotional and psychological wellbeing were the responsibility of the therapeutic staff. Social skills, which lie in the 'grey' area between educational and emotional spheres, have usually not received enough attention from the education system. The intervention examined in the current study offered young people identified with ADHD support in acquiring social skills and places these at a high priority within the school curriculum. It required the full integration of the programme within the school framework, as all students were required to take part. Integration of the programme required each staff member, in particular the therapeutic staff members, to question his or her professional boundaries and identity through an ongoing internal and external dialogue. In turn, this process led to questioning the identity of the social skills learning programme within an educational framework, in terms of its therapeutic and educational character.

The social skills learning groups constantly challenged the professional-therapeutic identity of the group facilitators. In this area too, a gradual progress was observed and seniority played a role. With the passage of time, the group took on a more distinct form. Less experienced group facilitators, who were in the beginning of their professional career at the school, expressed a more difficult time accepting this definition as well as many doubts regarding the definition of the group and their professional identity within it. More senior facilitators accepted its definition as a 'lesson' using therapeutic tools and treated it as group therapy within school boundaries. This 'double life' as therapist/educator was made possible by the freedom given to how the group facilitation was conducted, as long as it stayed within the school regulations. Thus, the more senior facilitators expressed less concern with the label given to the group and integrated the therapeutic and classroom elements into the group. This suggested that more experienced and senior therapists were less threatened by adjustments and changes in their therapeutic role and possessed greater flexibility in their self-identity which facilitated their integrative work. For these reasons, one outcome of this study has been that the school now provides novice therapists with preparatory workshops prior to the start of the academic year with the understanding that in order to

facilitate a social skills learning group, the therapists should have a clearer definition of the intervention, its objectives and its boundaries within an education framework.

According to the staff members, the use of terminology plays an important role, in general, and specifically when a population of young people identified with ADHD is concerned. Not least, the name the programme needs to be carefully considered, so that it is experienced as inviting and respectful of the participants. The importance of the manner in which we conceptualise or define the social skills learning groups as a 'lesson' and not as 'therapy' can help in the process of supporting young people to manage challenges identified with ADHD, especially when the involved population has often times been saturated by other therapies and assessments of different kinds.

Another element that needs to be taken into account when defining the social skills learning group as a 'lesson' and not as 'therapy' is the context in which the groups take place. No less important than understanding the identity of the group is the realisation that the setting is an educational one. The mere fact that the groups take place inside this setting necessitates 'transforming' them or adjusting them to the setting. If the groups took place in a private educational establishment, they would more likely be defined as therapeutic groups (Biederman, 2007; Plotnik, 2008). As the groups are part of an education framework, their content and management must necessarily adapt to this setting. That is, the educational element is part and parcel of the working model. For example, regarding discipline issues, in a purely therapeutic group, a situation in which the therapist announces to the group members that he or she needs to report certain events is highly unlikely. In most cases, unusual events are handled only inside the group boundaries, while emphasising the interpretation of the actions that occurred, rather than the sanctions that will or will not be taken. There is no punishment in a therapeutic process of any kind. The boundaries are clear, but there is often a complex dialogue concerning what leaves the group and what stays inside the boundaries of the group. In this sense, the social skills learning groups are eventually bound to the setting and the rules of the school.

A second outcome of the study has been the establishment of a forum that encourages an open and candid dialogue on the issue of identity. Unfortunately, when I began as a novice therapist in the school, my colleagues and I did not openly question or challenge the issue of professional identity, and did not discuss the frustrations we experienced as a result, mainly for fear of losing our positions. The interview process during data collection in this study enabled these issues to be expressed and discussed. The courage shown by novice facilitators to openly question and criticise the definition the school gave to the group and how it clashed with their professional identity allowed these issues which had previously been kept silent to surface.

Thus, it seems that three interrelated factors were involved in changing attitudes towards the social skills learning group and its integration within the school. The attitude towards the social skills learning groups tended to be more positive as the staff worked in collaboration and as their work became more transparent to each other. Moreover, as the relationship between the group facilitators and group participants was more secure, the form teachers and their attitudes towards the social skills learning groups changed positively. This process was facilitated by a more crystallised identity and definition of the group. Cooperation between the therapeutic staff and the educational staff and integration of the socials skills learning programme were thereby achieved.

The attitudinal change that the educational staff undergo can have an impact upon the students. When the group participants, especially the 7th graders in their first year of participation, experience the group as a 'threatening' and 'boring' place, this can in turn influence the form teachers who might find it more difficult to support the programme and to accompany the therapeutic staff and their students in the process. However, as teachers are more prepared and better instructed, they can appropriate the educational-therapeutic reasoning, and may more easily cope with the students' resistance. Thus, when the educational staff members perceive the social skills learning group as important and beneficial they may more willingly encourage participation in it.

For these reasons, successful integration of the social skills learning group depends to a great extent on the quality of the professional and personal relationships between the educational and therapeutic staff and on their subsequent cooperation. In other words, it is very important to 'recruit' the educational staff to accept the importance of social skills learning group in order to integrate it within the school setting. In this study, cooperation and joint intent to support the students allowed the teachers to be less influenced by the resistance which may be expressed by students and to continue encouraging, containing and supporting their attendance in the social skills learning group.

Cooperation between the staff members enables the existence of an educational environment that offers itself as a developmental object and 'self-object' in its broadest sense (Kohut, 1977; Plotnik, 2008). The educational and therapeutic staff are not responsible only for the didactic and emotional aspects of teaching, but they also form relationships that involve aspects that strengthen the students' ego – control, restraint, organisation and so on. Mannoni (1993), a psychoanalyst who focused on the shared interaction of educational and therapeutic factors in institutions for children with severe cognitive and emotional difficulties, distinguished between the educational position and the therapeutic-analytic position. According to her definition, the educational position revolves around the external reality of the child, while the therapeutic-analytic position relies on the exploration of his or her inner representation. However, Mannoni (1993) ascribes the educational position strictly to the educational staff and views the analytic position as unique to therapists. Her basic assumption is that the therapy that takes place inside the school walls is not essentially different in any way from therapy that takes place in private practice, except for the fact that the therapist is the one who comes to the children, instead of the children coming to him or her. The present study demonstrates, however, that both staff groups perceived themselves as influencing the change processes in the lives of the students identified with ADHD and learning difficulties. In this sense, the diverse staff disciplines are partners in a broad cultural system and they both function as therapeutic and educational figures for the students, one way or another. The challenge in such cooperation is in keeping

a balance between the diverse positions, according to their defined roles and boundaries, in a way that will ultimately allow a broad perspective and holistic perception of the students, in keeping with the humanistic approach.

A direct outcome of this study was the introduction of cooperative work between staff members of diverse disciplines as an obligatory structured part of the school operation. The formation and maintenance of relations between teachers and therapists has become central to school procedures, and both staff groups are now required to meet at least once a week for a feedback discussion and mutual counselling. The therapists are encouraged to sit in the teacher's lounge and to be present in the schoolyard, rather than to isolate themselves in the social skills learning classrooms. They are required to attend joint staff meetings and in-service courses relevant to their work.

This 'integration of disciplines' is complex and requires further investigation, especially as the work boundaries change and need to readjust. New questions have emerged, such as if the therapeutic staff is part of the school staff why do therapists not share schoolyard shifts during recess? Can the therapeutic staff substitute a teacher who is absent? Questions such as these are to be considered in terms of what is best for the student, i.e. would these tasks conflict with the therapeutic work and confuse the students, teachers and therapists alike or increase collaboration between staff members?

6.3 Student perceptions of the social skills learning group

Student perceptions were explored in order to address the second research question of how the students participating in the social skills learning groups at different stages of the programme perceive the intervention. Exploration of student perceptions was limited to an anonymous questionnaire in line with the restrictions required by the Chief Scientist of the Ministry of Education in Israel. Whilst this necessarily constrains the conclusions that can be drawn about young peoples' perceptions of the group, the questionnaire provided some insight into student perspectives. These insights were juxtaposed with the professional staff members'

understanding of student perceptions in order to get a fuller picture of what students experienced during the intervention.

Among the student participants, in general the 7th grade participants objected to participation in the groups and experienced confusion and anxiety concerning the working model. In fact, the strong resistance of the 7th grade participants changed the approach of working in the group – and arguably did not enable them to experience the working model optimally, since work with them mainly involved the setting of boundaries and attempts to decrease their resistance. This was expressed, for example, by the fact that the group facilitators insisted that the students enter the group according to the 'entrance ceremony' model. Often a significant part of the group time dealt only with this ritual, and when the students failed to enter the group in the 'proper' way, the same ritual was repeated over and over again. Similarly, according to the therapeutic staff, the focus in the group was often on assisting the group participants cope with regulation difficulties or postponement of gratification. For example, much of the lesson time was spent on teaching behavioural skills, such as 'Sit up straight please', 'You can't throw that chair at him', 'I understand that you want to hurt him now, I get that you're upset, but let me handle it'. At other times, the focus was on mediating their desires, such as 'What do you want to tell him?'

The 9th grade participants' questionnaire responses indicated that they perceived the working model as contributing and significant for them, and experienced their participation in the group as empowering, supportive and meaningful. Moreover, according the therapeutic staff, they found creative ways to apply the working model and to use it for their needs while adhering to the rules of the setting. The therapeutic staff also perceived them as taking responsibility for the nature of the group activity and capable of following the session structure with a beginning, middle and end, which allowed them freedom and flexibility. And indeed, the group facilitators described that they often found themselves participating in a group that was led by them with rules that they decided and agreed upon.

The 7th graders, in their first year of participating in the group, expressed strong objection to participating and shared how they felt about it with the educational staff, using words and actions (i.e., refusal to come in, attempts to make the form teacher intervene in group events). The 9th graders apparently perceived participation in the social skills learning groups as meaningful and important, and even tried to 'exclude' the teachers from the intimate participation experience, as reported by their form teacher.

Results of the student questionnaire demonstrated that in spite of the resistance and difficulties experienced by the 7th grade group participants, they nevertheless perceived the group as meaningful. When a teacher's attitude towards the social skills learning groups was positive, it was sensed by the students and their positive attitude progressively increased in response.

In the 7th grade, the identity of the social skills learning group was not clear to its participants. In the mainstream education system, students in Israel identified with ADHD or a learning difficulty have usually received didactic help from a specially trained teacher, and this assistance is comprehensible and familiar to them. It gives them a sense of confidence that they are receiving assistance precisely for their unique difficulties. When the students arrive at a school intended for students with ADHD and learning difficulties, most of them are already aware of the fact that they have various learning difficulties. The need for a change constitutes an incentive for taking an active position in facing their difficulties.

Students with existing emotional distress – which may often be unclear to them and of which they may be unaware - meet the group facilitators, who are neither their teachers nor their therapists. They may have trouble understanding the goal of the group, in spite of the explanations they receive, especially when the group does not resemble any other situation they have experienced in the past. They search for a connection to the immediate and familiar at school, but in the encounter with the group facilitators they must contend with contents, boundaries and activities that are unfamiliar to them and very different from the expectations with which they come.

The findings of this study support the conclusion that adjustment of the therapist and group members' expectations, through collaboratively defining shared goals, are a precondition to change (Horvath, 2005). Hence, the educational staff members have a central role in the acceptance of the groups and they can serve as mediators or 'positive agents' for its participants. The fact that the educational staff perceives participation in the programme as beneficial is key to its acceptance by the students. The process of attitudinal change towards the social skills learning group was related to the level of cooperation and quality of the relationship between the staff members, which included a mutual expectations system. When such an intervention is to be integrated within a school, the adjustment of expectations by the educational and therapeutic staff as well as the students, in addition to clarification of the group identity and its therapeutic goals, are necessary to understanding, accepting and integrating the groups within the school framework.

6.4 Perceptions of the working model

In order to address the first and second research questions regarding the student and professional staff perceptions of the intervention, their views of the working model were also explored. Definitions of the working model were affected by the perceptions of the different staff members. Also, the attitudes of the research participants towards the external and internal settings of the working model were explored. The research participants were asked to consider the external setting, including the obligation to participate in the group and the duration of participation for four years, maintaining the same group composition, keeping the group facilitators constant and co-facilitation. They were also asked to consider the internal setting, including entering the group as well as the opening circle and group boundaries.

6.4.1 Perceptions of the external setting of the working model

Both staff groups thought that participation in the social skills learning group should be mandatory like any other lesson at the school, as long as the group was defined as a 'lesson' and not as 'therapy'. This definition allowed the application of

the school rules in the group, such as the obligation to attend the classes, which enabled a long-term development of the process.

Both the educational and therapeutic staff thought that when the best interests of the students are concerned, and in order to meet their academic and emotional-social needs, adults need to make the decision on their behalf. Moreover, they believed that making attendance compulsory compels the students, to a large extent, to cope with social challenges and address the perceived tendency to form negative and maladaptive relationships with their friends and teachers, a concern highlighted by staff and also linked in some of the literature to the identification of ADHD (Barkley, 2002; Vance & Luk, 2000). Furthermore, the obligation to participate gives an equal starting point to all the students in the school, as specific students are not 'taken out' of the class to go to therapy in a way that labels them as 'problematic' or 'special'. In fact, the opposite process occurs, as the 'special' or 'problematic' students are those who are temporarily suspended from participation with the intention of returning to the group.

Compulsory attendance projects a message to the students that they are not being given up on as they had been in previous education frameworks. In these former frameworks where they were considered a nuisance, they played the role of the ‘serial disturber' or the 'troublemaker' (Barkley et al, 2006; Abikoff et al, 2002; Shapira, 2004; Manor & Tiano, 2012). They were typically taken out of the lesson and separated from the rest of the class, mainly so as not to disrupt the other students and to waste the teachers' resources in focusing on them.

The insistence that they take part in the social skills learning group is important, not only because according to their teachers and facilitators they need support in the acquisition of these skills, but also because they are given a sense that here, in this school, no one is giving up on them. The professional staff perceived that the intervention supported students in the acquisition of social skills because of the long-term process involved. Both the educational and therapeutic staff expressed that the social skills learning groups need to take place for at least four years. This view was in accordance with the literature which has found that support

should be provided consistently to individuals identified with ADHD over a long period of time (Barkley, 2002; Plotnik, 2008).

In the literature, most of the studies on social skills learning groups refer to groups that met for several sessions or several rounds of sessions (Shechtman & Katz, 2007; Biderman, 2007) in the private sector or in mainstream state schools. The innovation of the social skills learning group in this study is that it is presented as a core programme integrated within the school framework which accompanies all the students from the moment they first arrive at the school up to the 10th grade. Therapeutically speaking, the four years of participation allows for the development of a working and learning process among the students and delivers a message of constancy and establishment of trust. This period also allows the establishment of meaningful relationships between the group members. The phrase, 'I'm not giving up on you' is supported by the duration of the participation in the group and by the constancy of the group facilitators throughout the four years of the groups' existence.

The constancy of the group composition and of the group facilitators is intended to help establish a safe environment for the group participants (Plotnik, 2008; Biderman, 2007; Yalom & Leszcz, 2006). In order to create such an environment there are necessary preconditions, such as a regular day and time, a constant structure, constant group facilitators and group composition. Maintaining these conditions,

> …greatly lessen the need to go through an adjustment experience to the situation over and over again and builds a sense of continuity on the constant background, this way facilitating change (Plotnik, 2008, p.153).

Both the educational and therapeutic staff agreed that the group composition and group facilitators should remain constant for the above reasons. They also felt that it was necessary in order to rehabilitate the relationships between the students and the adults around them. That is, all participants involved in the intervention believed that improvements in relations with others could occur through the establishment of a long-term, time-dependent relationship and maintenance of continuity.

The importance of constancy for children and young people identified with ADHD and learning difficulties, in particular, was frequently raised by participants. The interviews with the educational staff raised the point that the constancy of the group participants and the group facilitators was of high importance for two main reasons. First, constancy enables the development of the process, for example the development of a relationship between the group participants. Secondly, constancy helps build trust between the group participants and the facilitators. This was supported by the perceptions expressed by the students who had participated in the group for three years who referred to the social skills learning group as 'family' and the group facilitators as parental figures. The data suggests that the group participants appreciate the quality of the relationship they had with the group facilitators and the feedback they received from them.

The therapeutic alliance between the group facilitator/therapist and the group participants in groups of children and young people affect the participants much more than in groups of adults (Shechtman, 2010). According to Manor and Tiano (2012) for children and young people identified with ADHD and learning difficulties, constancy helps them realise and believe that they are worthy and loved. Their experience of rejection due to impulsive and disruptive behaviour and the frequency with which these children are 'given up on' (Plotnik, 2008), are likely to be deeply imprinted in them as young people. It may therefore take time to 'convince' young people that there are adults (including the educational staff around them and their parents) who have their best interests at heart and who can stay resilient and love them despite any challenging behaviour they may have manifested.

The constancy and time duration help the group facilitators to develop the necessary resilience and patience, and to feel love and empathy towards the group members as well. There is no doubt that at the beginning of this mutual journey, resilience and patience are often challenged by the behaviour of the young people. The constancy of the group participants over a period of three years is designed to serve the learning process of the group participants and force them to find ways to establish interpersonal relationships and to become a united group, rather than a gathering of isolated people in the same space. The skills they develop over this

long-term process are put into use in the fourth year when they confront a new social composition. The majority of the educational and therapeutic staff members agreed with the constancy of the group for the first three years and its re-composition in the fourth year, expressing that they observed the benefits of such a working model in assisting the students to undergo the long process of acquiring social skills and its eventual application in the fourth year.

Facilitation of the social skills learning group is conducted simultaneously by two therapists. The practical need to have two therapists allows for meeting the various needs of the group members, who bring a considerable load to the group and a significant need for splitting attention between two therapists (Plotnik, 2008). According to Yalom & Leszcz (2006), the presence of two facilitators in a group not only provides the group participants with modelling of parental relations, but also enriches their tool box, thereby enabling them to complement and support one another. This process of work enhances the therapeutic work by also integrating their diverse viewpoints, thereby enriching the quantity and quality of their strategic assumptions (Yalom & Leszcz, 2006). Yalom (2006) further argues that based on a large number of observations of therapy groups facilitated by novice therapists, therapy guided by two was advantageous, especially to the novice therapist. It was more effective and enriched the learning experience.

In general, both the educational and therapeutic staff agreed that there are advantages to co-facilitation because the presence of two adults resembles a ‘family unit’ and allows the group participants to experience the formation of relationships with two different adults (Plotnik, 2008; Yalom & Leszcz, 2006). It should be noted that in this case it is not the gender of the group facilitators that is the significant factor, but the quality of their relationship and role division. Both group facilitators, or 'parents', can express pride in their children, rather than disappointment that leaves them with feelings of guilt for being 'imperfect', as they had previously experienced with other adults who had given up on them (Plotnik, 2008). The facilitators can serve as role models for the group participants by the mere fact that they witness the two facilitators working together out of mutual respect and allowing differences of opinion to be expressed between them, thereby modelling

compromise and flexibility, which are of paramount importance and a meaningful part of social skills learning.

The question as to whether it is appropriate to give overt expression to differences of opinion as part of co-facilitation is controversial. Studies have shown that in the beginning, or in short-term groups, this is less efficient and such a course of action can confuse and increase the participants' feelings of anxiety. However, in long-term groups, this can be very beneficial (Yalom & Leszcz, 2006). The group participants in this study claimed that it was very useful for them and helped them to internalise a model of differences of opinion that can be settled respectfully without fighting or behavioural 'explosions'.

The notes in my reflective diary recorded that I felt the 7th graders found it difficult to accept the differences of opinion between the group facilitators, and these mainly constituted convenient grounds for splitting. 'The good cop' and 'the bad cop' were labels that were quickly placed on us. The 9th graders often encouraged and even showed interest in our disagreements, accepted them with understanding and openness and could even treat them with humour. The advantage for them was that they experienced us as people who, despite their imperfections, made a genuine effort to support them (Yalom & Leszcz, 2006).

In spite of studies showing that therapists who work on the basis of a co-facilitation model often fail to take the opportunity to serve as a relationship model (McNary & Dies, 1993), the facilitators in the current study perceived the importance of co-facilitation as a model to demonstrate relationship management between two adults. In group meetings they talked to each other openly and overtly with the objective of demonstrating to the group participants how to manage a dialogue, what a relationship 'looks' like and what the benefits and challenges can be. They did not hide their differences and the ways they solved them, and if they did not solve them, they agreed to disagree. They got angry with each other, made remarks to each other, explained things to each other, and so on. They used themselves as a model for a relationship, while keeping the sense of safety and security and boundaries among the group participants with the understanding that they were in

the role of the responsible adults in this family/group. This process supports the argument that co-facilitation can serve as modelling for the group participants:

> The existence of two therapists enables children in the group to experience not only a versatile and coordinated response, but they are also exposed to a dialogue (interaction) between two adults. This is a very important social situation for learning modelling, which sometimes raises a projection response in children that touches on their perception of their place in terms of their parents and siblings (Plotnik, 2008, p. 151).

From the point of view of the therapists, co-facilitation mainly allows support and a greater ability to contain the intensity of the group participants. Co-facilitation does not only allow a broader cognitive and diagnostic scope, but also an emotional and concrete availability for the needs of the group participants (Yalom & Leszcz, 2006; Hendrix et al., 2001).

The challenges of co-facilitation mainly stem from problems in the relationship between the facilitators who have an influence on group dynamics, for better or worse. The main criticism against co-facilitation is the added complexity of another relationship to the already complex relationships in the group. Moreover, how can the resources put into the relationship between the two group facilitators be separated from the resources invested in the relationship between the group facilitators and group members (Yalom & Leszcz, 2006)? In this study, the group facilitators were 'matched' and had to learn how to work and manage relationships with one another.

Even though problematic relationships and faulty communication between the facilitators can cause problems in co-facilitation, the group is ultimately a mirror image of the quality of the relationship between the two facilitators (Yalom & Leszcz, 2006). In order to ensure a quality relationship, a good personal bond between the facilitators is not enough. They need not only feel open and comfortable with one another, but they should also work at keeping up a professional connection through paired counselling on a regular basis, at least twice a week. It is very important to find time for discussion for the purpose of reflection and mutual feedback. This requires time, mental and emotional efforts, an ability to accept criticism and energy over and above what is already invested in facilitating the groups. However, when

such efforts are not invested in the ongoing maintenance of the partnership, mainly due to lack of time and energy, the process that takes place in the social skills learning group can be compromised.

For these reasons, an additional direct outcome of this study was the introduction of paired guidance counselling for co-facilitators within the work schedule and facilitators are compensated for their time in order for the process to become an inseparable component of the therapeutic work in the social skills learning group programme. Moreover, facilitators are required to keep a personal records folder on each group, so that at the end of each session this task requires them to stop and reflect upon what occurred and what they felt about it. These records serve as the basis for dialogue and conflict resolutions for the purpose of strengthening co-facilitation.

Another drawback of co-facilitation over a long period of time, especially from the viewpoint of the professional aspect of co-facilitation, needs to be considered. Is it the right professional development decision to stay in a prolonged professional relationship without an opportunity to be exposed to other working styles which would probably create new questions and challenges that are necessary for a professional learning process? This study indicates that for the benefit of the students, it is more valuable to maintain a partnership for the duration of the three-year group. However, for the facilitators' individual professional benefit and for the school's benefit, it is recommended that partnerships change with each new group. This study shows the importance of 'passing on' the knowledge acquired by the co-facilitators. Two therapists who have worked together for three years can separate and each work with a novice therapist to help ease their initiation to the working model. In this manner, a process of continuous passage of knowledge to other therapists can take place. In fact, as another direct outcome of this study, this process was turned into a systemic procedure in the school. More senior therapists who are 'graduates' of a three-year partnership are required to separate and be paired with more novice therapists.

6.4.2 Perceptions of the internal setting of the working model

In terms of the internal setting of the working model, the insistence on a structured way to enter the group session, in which the group participants had to greet the group facilitator or at least form eye contact with him or her, rose out of the difficulty the group participants had with 'seeing' the other, or in other words, from their egocentric position in the world (Plotnik, 2008; Kohut, 1979).

For this reason, the therapeutic staff expressed the importance of marking the entrance to the social skills learning groups as an event that justifies attention and prepares students for what is to come. The implicit message of attention to the 'entrance ceremony' highlighted the way in which the space was entered, the main purpose of which was that each would see the other and relate to his or her presence. Another purpose was to help the group participants get organised for the session.

The group facilitators believed that there was a connection between the group participants' manner of entering the group and their inner organisation. In this sense, the entrance ceremony served as priming (BEFORE), a concept that refers to the importance of the guarding adults (in this case, the group facilitators) in assisting the group participants prepare for the session. Plotnik (2008) explains priming (BEFORE) as intervention that takes place before a deed rather than afterwards, i.e. after the damage/mistake has been made. According to Plotnik, intervention after a deed is less effective because it 'compels the child to learn about his or her unwanted behaviour when he or she is already in a stormy emotional state, thus exposing him or her to a feeling of failure and guilt again and again...building a script from the reason to a possible outcome' (Plotnik, 2008 p. 136). Based on this assumption, priming students identified with ADHD to enter the socials kills learning group is used as 'a way of preparing for transition or change' (Plotnik, 2008, p. 136).

Transition and changes have been reported among children and young people identified with ADHD and have been associated with organisational difficulties (including organising for a new situation) as well as emotional difficulties, such as low frustration tolerance (Barkley, 1998, 2002; Siedman, 2006; Avishar,

2010). This was reported by the professional staff in relation to young people in this study as well. An unclear or unplanned transition increased feelings of frustration, confusion and helplessness, resulting in the tendency for rebelliousness and refusal. This was observed by the professional staff, especially among the 7th grade participants. When the group facilitators created a priming (BEFORE) situation by highlighting the transition from the yard and the class to the social skills learning room – which was a different lesson from anything they had known thus far – they facilitated the group participants' sense of self-control and perhaps even increased their curiosity, consequently decreasing their resistance to participation in the groups. This further served to decrease anxiety and feelings of helplessness among the participants who perceived this ceremony as desired and useful.

When the participants entered the room, emphasis was placed on the way in which the room was arranged. This helped the students feel organised and thus organise themselves. The students were asked to put their bags in a certain area in the room and to sit in a circle – the opening circle. It is very important that all the group members can see each other (Yalom & Leszcz, 2006). The opening circle helps create intimacy between the group members. In this sense, the opening circle served as an indicator of the nature of the group. The therapeutic staff perceived difficulty among the 7th grade participants to conduct the opening circle. According to the facilitators, performing the opening circle according to certain rules (such as sitting up straight, giving each other permission to talk or not placing their legs on each other) influenced the group activity to a great extent and constituted a social learning goal of its own. The ability to conduct this 'ritual' according to the rules was a precondition for transition to the next working phase.

The group facilitators all agreed that the opening circle influenced organisational ability as far as both grades were concerned. They perceived the opening circle as a transition platform for the main activity among the 9th graders. Among the 7th graders it sometimes constituted the central activity and they described the session at times turning into one continuous opening circle. Despite the resistance and difficulty, in general, in the view of the participants of both

groups, maintaining this inner setting was necessary for assisting the students' organisational ability.

Another element explored in the internal settings of the working model relates to group boundaries. Group boundaries and insistence on following rules and guidelines are necessary for establishing group norms and constitute an important part of the group development (Tuckman, 1965). Tuckman's establishment of norms, refers to the development of group cohesiveness. In this study, group boundaries were created to help its participants feel safe and protected and even responsible for each other. In other words, boundaries were intended to sharpen the fact that they were taking part in a group. The 'internal' group rules were negotiated with the group members along with the rules that were created by the group facilitators or the school management (this mainly refers to the external setting, for example, the obligation to participate or the duration of group activity).

According to the 9th grade participants, the importance of group boundaries and rules was inherent in the arrangement and clarification of the 'sources of control and power' for the group members in a respectful but assertive way. According to the therapeutic staff, the 7th grade participants tended to test these boundaries and rules on many occasions, testing also the seriousness of the facilitators' intentions regarding these rules, but indicating their knowledge and understanding of them as a part of their inner organisation regarding the group activity.

The 9th grade participants tended to report that the group needed to maintain confidentiality and to try and resolve its conflicts inside the group according to its rules. The 7th grade participants disagreed with the need for maintaining 'group confidentiality'. They were quick to share with their form teachers occurrences that took place in the group and expected their form teachers to take a stand.

It is likely that age and maturity, among other variables which could not be examined within the scope of the study, were involved in the perceptual differences expressed among the 7th and 9th graders towards the working model of the social skills learning programme. What can be discerned is that in general the 7th graders

perceived the group as threatening and met it with resistance. The 9th graders perceived the social skills learning group, its internal and external settings, as beneficial to supporting the social challenges they faced.

6.5 Perceptions of support in the acquisition of social skills

The third research question this study aimed to address was how the professional staff members and students view the support provided by the social skills learning group intervention in the acquisition of social skills. Support in the acquisition of social skills focused on three main criteria: externalised behaviour which can be perceived as impulsive; the ability to establish intimate social relationships in the group; and the manner in which the members of the group see one another. These three challenges were selected as they are reported in the literature as the most central and prevalent difficulties faced by children and young people identified with ADHD (Barkley, 2002; Fonagy et al., 2004; Biderman, 2007; Plotnik, 2008; Shechtman, 2010). When left unsupported by social skills learning, young people identified with ADHD often continue to experience failure and disappointment in these areas, which can negatively influence their psychological wellbeing and self-image (Frankel & Feinberg, 2002; Vance & Luk, 2000; Cooper, 1998, 2008; Plotnik, 2008; Barkley, 2002; Antshel & Remer, 2003). These may lead to challenges in forming emotionally meaningful relationships (Manor & Tiano, 2012).

This study did not aim to quantify the effects of the social skills learning programme or seek a causal relationship between the programme and social skills development. The aim was to explore the perceptions of all the participants involved in order to better understand the subjective experiences they underwent during the process. A triangulation of the views expressed by the educational and therapeutic staff members and the students indicated that the participants involved perceived the programme as providing young people identified with ADHD with support in the acquisition of social skills. Particularly among the participants who had participated in the intervention for three years, the professional staff perceived the intervention as an important support in managing impulsive behaviour, establishing interpersonal

relationships and the ability to see the other members of the group. The students, particularly those who had participated in the programme for three years, also perceived the intervention as an important support which assisted them in these three challenging areas.

When collaboration took place between the teams, the educational staff was given didactic tools to deal with social behaviour situations that took place in the classroom. Both teams, educational and therapeutic, voiced that they were able to adapt expectations and to adapt and refine the support objectives in the groups as well as in the classroom. Each team member attempted to reach these objectives according to his or her area of skills and expertise as a teacher or as a therapist. This interdisciplinary cooperation emerged as key to the positive perceptions expressed about the intervention.

While in general the intervention was perceived to have supported young people identified with ADHD in acquiring social skills, enhancement of these skills cannot be isolated from other factors that may have concurrently played a role. In understanding the differences expressed regarding 7th and 9th grade students, the students' natural process of maturation and the medical treatments some of the students were undergoing at the same time should be considered. Moreover, factors outside the scope of this study, including the family, social, or other environmental aspects necessarily play a part in the dynamics that transpired during the process that took place in the intervention.

At the same time, research findings suggest that there was a dynamic process of development in the relationship between the group facilitators and group participants, and among the group participants themselves which the participants viewed as facilitating their acquisition of social skills. The quality of the therapeutic relationship concerns the emotional relationship between the group facilitators and participants. The relationship quality is expressed in the level of affection, respect and commitment of the two parties (Horvath & Greenberg, 1994). In addition, bonding is expressed, as presented in this study, in the relationship between the group members. This process can lead to group cohesiveness, which has been found

to be one of the most important therapeutic factors (Shechtman & Bar-El, 1997; Shechtman & Gluk, 2005; Shechtman & Pearl-Dekel, 2000).

The findings of this study suggest that in order to foster the therapeutic relationship within the school framework, joint understanding and cooperation between the educational and therapeutic staff is a necessary component. The educational staff, who handle the didactic dimension, supported the students and helped them experience success. The influence of the educational staff was deemed meaningful in promoting the emotional-therapeutic change when information was shared by members from both disciplines. When the educational environment supports the student in this way, it can offer itself as a developmental object in the broad sense of the term. In other words, the educational staff should not only be in charge of the teaching and guidance relationship, but can also create relationships that refer to aspects that strengthen the child's ego – control, restraint, moderation, planning, organisation, and so on. The findings of the study, thereby, suggest that when the educational and therapeutic staff members cooperate by sharing information, ideas and feelings regarding the process, they strengthen their personal and professional relationships. The development of these interpersonal relationships can further foster and strengthen the relationship between the facilitator and his or her group participants, which ultimately supports the group participants in establishing cooperative interpersonal relationships with one another (Bagwell et al, 2001; Yalom & Leszcz, 2006; Biderman, 2007; Plotnik, 2008; Shechtman, 2010).

The development of interdisciplinary cooperation found in the process explored in this study supports the importance of adopting a holistic model for facilitating young people identified with ADHD and learning difficulties (Manor & Tiano, 2012; Sibley et al., 2012; Smith et al., 1998), a model which functions in an inclusive, multidisciplinary developmental system. While participants in this study perceived that the intervention supports the acquisition of social skills, it was evident that the social skills group can best achieve this aim through cooperation between all of the parties involved. In this sense, the 'critical moments of change' in the social skills learning group take place through a long process that occurs both

inside and outside of the group and include different interaction patterns (Greenspan & Benderly, 1997).

What emerges from the data is that the activity that took place within the group, beneficial as it may have been in supporting the group participants to acquire social skills, was perceived as positive by the professional staff in particular who expressed common benefits from the process of collaboration they experienced. Cooperation was necessary between the educational and therapeutic staff, between the co-facilitators, between the group facilitator and the participants, and eventually between the students themselves (See Diagram 6.1 below).

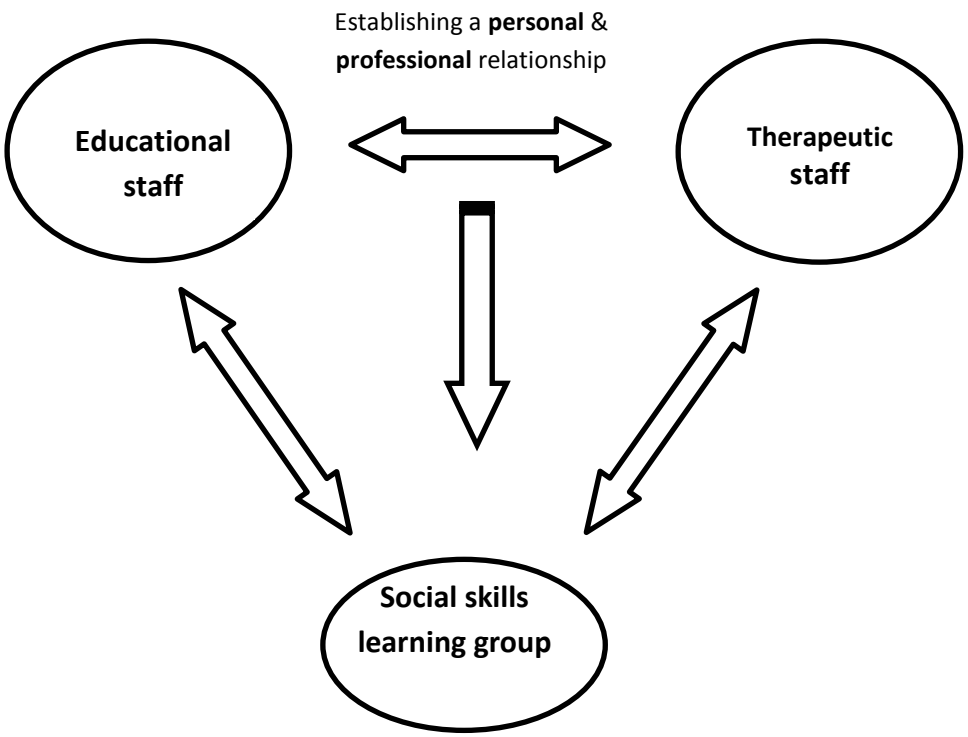

Diagram 6.1 Model of integration of the social skills learning groups

For these interactions to occur, the school policy must encourage and support them by implementing integrative procedures. The procedures in this case included regular compulsory meetings between the educational and therapeutic staff, joint counselling sessions for co-facilitators and, in general, the creation of an atmosphere of open dialogue and discussion.

6.6 Summary

This chapter postulated that integrating a therapeutic intervention programme within a school framework is a challenging but ultimately beneficial process for all participants involved. The process of integration in the case described in this study was initiated by the educational and therapeutic staff members who joined forces and developed a cooperative joint effort to support students identified with ADHD over a three-year period. The development of cooperation led to dialogue between the two disciplines which eventually made integration of the

intervention possible. This process generated holistic support of students which aimed at meeting their academic, social and emotional needs simultaneously, rather than as separate facilitation islands.

Juxtaposition of data gathered from interviews with staff members, questionnaires filled out by 7th and 9th grade students who participated in the programme and the reflective journal I kept indicated that, overall, staff members of both disciplines perceived the intervention as supporting the social skills of students identified with ADHD. They viewed 7th graders as manifesting challenges in accepting other members of their group, challenges in manifestations of impulsivity and challenges in forming relationships. They perceived general enhancement in coping with these challenges among the 9th grade students and viewed the intervention as an integral component in supporting the students in these area.

The insights gained through the process of conducting this exploration regarding the integration of the intervention has led to a number of practical outcomes which have changed the working procedure at the TLC School, including regular joint meetings to encourage cooperation between the educational and therapeutic staff members and a year-long paid internship to novice facilitators accompanied by senior ones. The next chapter will present concluding remarks regarding the exploration that has been made and what it aims to contribute to the research and education community regarding the integration a therapeutic programme designed for supporting young people identified with ADHD within an education framework.

Chapter 7: Conclusions

7.1 Introduction

This thesis concludes with the practical and theoretical contributions that this exploration of a social skills learning group within the school framework provides to the academic and professional community. First, the contribution of this research to knowledge about integrating an intervention to support young people identified with ADHD within a school framework is discussed. Secondly, the contribution of the research to my professional knowledge regarding what I, as a drama therapist, social skills learning group facilitator and insider researcher, learned from this study are presented. Moreover, the importance of sharing this knowledge with my colleagues in the profession as an illustrative model for embedding a pyschodidactic intervention within the education system from a holistic approach is discussed. The limitations of the study are then presented, followed by a discussion of future research directions.

7.2 Contribution to knowledge

7.2.1 The holistic approach to integrating a therapeutic intervention within the school framework

The study suggested that a therapeutic intervention can be successfully integrated within a school framework when professional and personal relationships among all the professional staff members are established. Enriching the tools and knowledge of each discipline by members of the other one can encourage joint cooperation and assist the staff in supporting one another in the mutual objective of assisting the students. In the study, when the educational staff perceived the therapeutic intervention as beneficial to the students, the perception was conveyed to the students who could more easily develop a positive perception of the intervention. The support of the educational staff can therefore be instrumental in the students' acceptance of the intervention and facilitate the establishment of cooperative interactions between the facilitators and the group participants in the therapeutic process. A positive relationship established between the facilitators and

the group participants can also assist the participants to form relationships with one another and enhance their social skills as they interact with one another.

For this process to be achieved, several holistic principles need to be applied. In order to help young people identified with ADHD meet their needs, the educational and therapeutic staff members should view the young person as a partner in the 'therapeutic journey'. The young student should be regarded as an individual who possesses knowledge, awareness and the ability to understand his or her needs, challenges and the kind of assistance needed to overcome them. No less important is giving young people an opportunity to voice these individual needs and become an active participant in how they should be addressed.

One key message from the study is that awareness must be increased regarding the importance of cooperation between therapeutic and educational staff in the education system who work under one roof for the sake of the students. Cooperative relations between the staff members from the various disciplines were necessary in order to take practical steps for better integrating the social skills learning intervention in a school framework. When mutual support and encouragement were developed among the staff members, a multidimensional understanding of each student could be achieved and new ideas regarding the support that could be provided to students could be initiated. A collaborative relationship among the professionals from diverse disciplines strengthened the nature of the relationship between the facilitators and the group participants, who understood that the intervention was regarded as important and placed high in priority within the school environment. A strong relationship between the facilitators and group participants has the potential to further support the establishment of interpersonal relationships among the group participants.

In order to achieve integration of a therapeutic intervention within the school framework, a specific working agenda is required, including joint professional meetings on a regular basis and continuous joint educational programmes and seminars. At the same time, a way to preserve the distinct voice and identity of each discipline should be found. The most important element is awareness of the need to

establish a complete intervention system that includes all positions on a regular basis and especially in times of crisis or distress. Moreover, a shared conceptual system and language needs to be established (Manor-Binyamini, 2003). The responsibility for formulating a 'new language' is placed on both the educational and therapeutic staff. Through this language, a therapeutic contract should be formulated between the staff concerning the boundaries of the group and significant issues such as what is allowed and prohibited inside and outside the group. Particularly, what stays in the group and what leaves the group (a contract concerning confidentially) should be established. This kind of work requires renewed consideration of therapy ethics that can be agreed upon by all individuals involved, including the educational staff, therapeutic staff and the students.

This study postulates that all these elements interact in a way that assists the successful integration of the programme within the school, thereby facilitating support of the students in a holistic manner. Interrelated factors play a significant role that cannot be separated from one another, as each influences the other. Cooperation between the different staff members appeared essential for the success of the model. Notwithstanding, this study demonstrates that such cooperation is not always easily achieved and it is vital to address conflict between the educational and therapeutic staff teams (Greenwald-Kashani & Matichas, 2009; Manor-Binyamini, 2009; Manoni, 1993; Katan & Sang, 1984). Importantly, for conflict to be resolved, it needs to first be acknowledged. This recognition permits open dialogue which can lead to collaboration and coexistence under one roof. The essence of therapy within the educational framework is the continuous dialogue between the ‘therapy room bubble’ experienced subjectively by the participants in the groups and the external reality, the school environment. This dialogue is reflected by the continuous relationship between the educational and therapeutic staff teams. When such dialogue is achieved it can actually promote the therapeutic process from a viewpoint that includes the inner reality as students experience it (Minoshin, 1984; Wachtel, 1997).

Despite the complexity and challenges of collaborative work between educational and therapeutic staff members who coexist under one roof, this study

demonstrates that integrating social skills learning groups within the school framework can be valuable. When efforts are invested in cooperative work for the shared interest of supporting the diverse needs of young people identified with ADHD in a holistic manner, students are provided with an opportunity to transition the reality within the group to the reality outside, while still within the school setting where they are able to apply and practice the acquired skills (Yalom, 1995; Wachtel, 1997).

7.2.2 Supporting young people identified with ADHD

This study also proposes several contributions to knowledge regarding approaches to support for young people identified with ADHD. The bulk of research literature focuses mostly on young children identified with ADHD (Manor & Tiano, 2012). Young people identified with ADHD receive less attention and studies on children do not necessarily apply to this specific population (Erhardt & Hinshaw, 1994; Hinshaw & Melnick, 1995). One of the main contributions of this study is to provide knowledge regarding the under-researched population of young people identified with ADHD. The majority of the literature that does address this age group problematizes it and focuses on risk factors, particularly when they are identified with ADHD. The current study did not aim to investigate risk factors and 'treatments' that may 'cure them', but rather it examined a programme aimed at identifying the individual needs of young people identified with ADHD from a holistic approach.

The current study describes the process and challenges of integrating a therapeutic intervention for young people within their school framework as part of their natural environment and not as a separate 'treatment' provided to only a part of the students in the school labelled as 'problematic'. The social skills learning programme which is part of the school curriculum and the routine of all students alike makes the intervention accessible to all students in the school. This kind of intervention permits holistic support for all students with the intention of supporting each and every one of them, rather than selecting only a handful of students that in the eye of the educational system may need it more than others. When the individual young person is supported socially and emotionally by facilitators

alongside the cognitive support provided by professional teachers over a three-year period, as the staff members collaborate in these efforts, such a holistic approach can lead to a better understanding of the individual and can more appropriately assist in meeting his or her needs. In this sense, a therapeutic intervention integrated within a school framework can serve as a programme which can prevent greater crises that can arise when the challenges are left unaddressed in mainstream education frameworks. When both teachers and therapists work in unison to support the students, there is much less of a chance that a young person identified with ADHD coping with social, learning or other challenges will be overlooked.

7.3 Contribution to my professional knowledge

Examining the process the research participants underwent in the social skills learning groups was in many ways an examination of myself as a therapist and researcher. Throughout this research process, I have learned to see and accept the 'other' in order to form significant interpersonal working relationships.

As a member of the therapeutic staff in the school who understands the value of cooperation between the educational staff and the therapeutic staff, I have realised that there is no one truth or one right way to support young people identified with ADHD. The ability to conduct a dialogue among these various truths is essential for progress to be made. I have realised how important the cooperation and support of the educational staff is for the success of the therapeutic process. I have thereby realised that there is no 'them' and 'us', but only the concept of a complex 'us'. We need each other and rely on one another. Something extremely empowering occurs when 'togetherness' is achieved. I realised that we, the therapists, are not more insightful or more informed than the educational staff, but that we have different points of view, all crucially necessary for seeing the entire picture. This shared aim is the key to helping our students to succeed.

This understanding was for me a significant turning point from the perspective that I held at the beginning of my work as a therapist in general, which was mainly the separation of the teams, or as a senior therapist stated, ‘Everyone should focus on what they know’. Beyond the fact that this comment is

condescending, it also suggests that there is no need to even try to know and learn more. As a novice therapist I did not challenge this approach, but felt that the possibility to develop professionally was very limited as was the possibility for any kind of change in places where other therapists and myself felt 'stuck' or 'helpless' in facilitating the groups.

This process of awakening has led me to question my professional identity and its boundaries. The process of this exploration has led me to understand that there is no decisive answer, but only a dynamic one which changes according to the needs determined by us jointly at every point in time. The answer to the question 'What kind of therapist am I?' can actually be answered by stating what kind of therapist I am not. I am not a rigid therapist. I am not a therapist who does not broaden her boundaries. I am a therapist who acts flexibly. I am not a therapist who works alone without partners in the journey. I am not a therapist who knows everything, despite my professional training. I am a therapist who learns from my professional therapeutic colleagues, my education colleagues and mostly from my students. Becoming an insider researcher compelled me to listen to all their voices.

This research project began from a medical mainly positivist viewpoint which regards the aetiology of ADHD as a neurological dysfunction. The ability to examine whether someone suffers from ADHD is measurable and diagnosable, physiologically, neurologically and through the objective criteria of ADHD symptoms. This position characterised the stance of the Chief Scientist of the Israeli Ministry of Education at the time this study began, which was mainly positivist, and viewed the constructivist position with suspicion. The school where this study was conducted held a similar stance and despite the apparent equality it awarded to academic and social learning, in effect these were disengaged and were ultimately measured in terms of the students' achievements in both fields. The distinction was so sharp that the educational staff could say at the end of a session, 'the children come back from you (the social skills learning group) all broken up, and we have to put them back together.' It appeared measurably clear who was responsible for success or failure.

In the process of conducting this study I learned to question the positivist stance in which I was educated. This process provided me with a constructivist lens which allowed me to broaden my understanding as a researcher and practitioner. This broadening of my view led to a more refined focus of the research aims and questions from the attempt to examine the effect of the social skills learning intervention to an attempt to understand the process of integrating the psycho-didactic therapeutic programme within the education framework and the subjective experiences of the participants involved.

The positivist starting point with which I began the study kept the two staff teams separate. This position changed only after I began to conduct interviews with the educational staff. During the interview process, I began to understand how disconnected the two staff teams were and how significant this issue was to everyone involved as well as how disruptive it was to providing support to the students. This gradual understanding and shift was then expressed by a renewed review of the literature which embraced a different approach. Literature led me to view ADHD from a holistic viewpoint as I came to understand that a medical view of the condition provided a narrow one-dimensional view of the condition. The holistic perspective which emphasised viewing the individual in relation to the environment as a whole corresponded with the understanding of the importance of cooperation between the educational and therapeutic staff members for supporting young people from a multi-disciplinarian perspective. The start of cooperative work was covert, as it was against the school policy. Cautious circumvention of this policy required and continues to demand significant changes in the work process at the school and raises complex challenges and questions which we had not faced earlier, such as professional identity, the need to establish a shared professional language, role responsibilities, among others. The constructivist position which led me to the holistic view of ADHD shifted the search to explore how can the social skills learning intervention be integrated within the school framework? What are the challenges and the process experienced and perceived by the different viewpoints.

Interviews with the educational staff and the therapeutic staff and the student questionnaires emphasised the importance of the observer who defines

reality, as each viewpoint in the study added an additional dimension to understanding the phenomenon. The separation between the educational and therapeutic staff was encouraged by a positivist stance which maintained that there is one truth – only therapists can conduct therapeutic work and 'treat' the students and only teachers can teach the students. Each is the sole possessor of knowledge in his or her specific field and there is no room to 'mix' between the two fields of knowledge. However, through the process of conducting the study, the understanding that such an approach hindered the support of the students triggered the most important change. The conception that the 'undesirable' or 'inappropriate' behaviour of the student should be 'treated' and controlled shifted to an attempt to understand the perception of the student in order to support him or her in the process of awareness of his or her subjective experiences for the purpose of establishing mutual interpersonal relationships with those around him or her.

7.4 Research limitations

The nature of a qualitative case study with a small sample size makes generalisations difficult. However, this was not the objective of the study. Rather, the aim was an in depth exploration of the process as experienced by a number of students from different age groups and the various professional staff members involved in the process. Another consideration is the fact that this was a small-scale research study that was performed in a very specific context, a junior and high school designated for students identified with ADHD in Israel. This study does not claim that it is universal and can be applied to all populations identified with ADHD.

Among the students in this school, participants of two different age groups were examined. Rather than following the changes that the same young people underwent from the 7^{th} grade to the 9^{th} grade over the course of three years, this study explored a group from each grade to examine the students' experiences at different developmental stages of the process. Due to time constraints, the natural course of development of each student over the three-year intervention was not possible. The study, therefore, focused on young people in their first year of participation in the groups and in the third year of participating in the groups. The

aim was to compare between the two groups in order to reach greater understanding of the dynamics of social skills learning over a three-year period. However, as many variables could not be isolated, including the natural age and maturation process of the students and the influence of their family, environmental and cultural background, comparison between the two groups proved limited. At the same time, regardless of the factors which may have influenced perceptions, the differences that emerged between 7th grade and 9th grade group participants, or first year and third year group participants, revealed that in general the students view the intervention differently at each stage and that at the third year students express greater perceptions of support by the programme and that staff members viewed the programme as beneficial in supporting these students in the acquisition of social skills.

Arguably, another limitation of the study was my choice to examine the social skills learning groups as an insider researcher. This choice increased my commitment to them and intensified my relationship with them as well as my motivation to improve and develop the working model. My double role as the researcher and the facilitator of the social skills learning groups can raise questions of authenticity and trustworthiness (Robson, 2002). While I strictly followed research criteria in order to conduct a rigorous study for the purpose of providing a full and inclusive view of the research data, my involvement necessarily influenced data collection and interpretation (Kvale 1996). For example, from the moment I assumed the researcher role, I discovered that I was more patient towards the 9th grade group and less patient towards the 7th grade group. Reflection led me to understand that the reason was mainly because I had already established a history and a rich relationship with the 9th grade participants that had been built over three years and had become a loving relationship. Almost everything that happened in the 9th grade group was perceived through my eyes in a positive light. There is no doubt that my insider position contributed largely to the way I described them and to my interpretation concerning their behaviour. Yet, it is precisely this process that allowed me to examine it as an insider. This enabled a better understanding of how I experienced the process as a facilitator and of the experiences observed, not only

among the students, but also among the group facilitators, as part of the process. I believe that an outsider would not be able to capture the intricate relationships that were established throughout the process between the facilitator and the group and among the group participants.

Nevertheless, my subjective view was acknowledged throughout the research process and the purpose of collecting data from as many sources of information as possible – educational staff, therapists, students as well as the coordinator and principal – was to hear the voices of all agents involved and examine their analyses and interpretations prior to making my own. During the data collection phase, I made a conscious effort to record as much descriptive information as possible, free of interpretation. At a later stage of data analysis and interpretation, I also consulted with other professional colleagues to allow me to further examine my own interpretations and to look at other possible ones.

In order to comply with ethical requirements from the Israeli Ministry of Education, I was unable to interview students which would have enabled their voices to be directly heard. For this reason, their views could be expressed only through a questionnaire (as discussed in Chapter Four). I had no way of knowing how the group participants interpreted and understood the statements that they were asked to rate. An interview process would have allowed me to delve deeper into students' perceptions and experiences in an unfiltered fashion. Despite this limitation, student perceptions regarding the intervention and shared experiences could be discerned to some extent from student responses in the questionnaire.

The findings of the present study provide a basis which could inform future research that may address the limitations outlined above so that interventions designed for supporting young people identified with ADHD can be better informed and enhanced.

7.5 Future research directions

This study provides both theoretical and practical insights for integrating an intervention programme in a school environment – in this case, the social skills

learning group for young people identified with ADHD. These understandings are based on the complex process of integrating a long-term social skills intervention programme within the TLC school framework which can serve as an illustration for how therapeutic programmes can be integrated in practice in other educational settings.

This study is an important initial stage in providing support for the value of developing programmes for young people identified with ADHD (Biderman, 2007; Plotnik, 2008). The working model examined here needs additional exploration in order to further develop the potential value of a holistic approach, as an alternative to the existing options in this field whose limitations have been documented. As discussed earlier, the current exploration was limited in several ways and future research is needed to overcome them.

The cross-sectional aspects of the method applied here did not allow for an assessment of the impact of group participation on students as it did not provide a continuous follow-up of the various processes and changes the group participants underwent during the course of three years. In future, a longitudinal study following one of the groups for the entire four-year intervention should be conducted to further understand the transitions young people undergo in the process. This would allow intra-personal comparisons over a long period of time to further inform of the dynamic changes each individual student undergoes. At the same time, reaching a greater number of students to share their experiences and views may provide more insights. Moreover, comparing the experiences of students who participate in the intervention integrated within the school framework with students in mainstream schools where such an intervention is not offered may provide greater understanding of how to support young people identified with ADHD.

As interviewing students was not permitted, the direct voice of the students was muted. This might be addressed in a future study where an independent researcher (so not in the potential power relationship of an insider researcher) interviewed young people. Alternatively, interviewing adult graduate students who had formerly participated in the social skills learning programme as part of their

school experience may offer insights regarding the programme and its implications in their adult lives.

An additional line of exploration should examine the role of staff members in the collaborative effort of supporting young people identified with ADHD. In the current study, the two staff groups were in dispute about what led to positive perceptions of the programme. In one sense, the therapeutic and educational staff attributed their professional role to assisting their students in the acquisition of social skills. In another sense, they were in complete agreement that cooperation between the staff members from the two disciplines was essential to supporting the students. Future studies can examine the contribution of each component separately over time and perhaps offer clearer answers to this question.

7.6 Summary

The integration process of the social skills learning programme was and remains a long, intricate and complex process. Despite the conceptual 'revolution' that transpired in the school, new challenges are borne from the collaborative working model that is now implemented as part of the insights that emerged from the study. Notwithstanding, addressing these challenges enhances the relationship between the teams and illustrates in practice the significance of joint dialogue and deliberation. The process is dynamic and constantly changing. The only 'rule' that has been set is to openly discuss issues and not to automatically discount or agree with school decisions. As direct outcomes of the study joint meetings are held on a weekly basis at a set time and day over the entire academic year. They are attended by the coordinators, school principal and therapy coordinator. The group facilitators and form teachers hold regular meetings as well and the therapeutic staff attend the teachers' meetings.

As the school principal told me, 'You (the therapeutic staff) are in our thoughts on every matter. It's odd, because this is new to us – like a person used to living on his own and with time forgets the option of living together. No one can promise that there won't be arguments, angry feelings, problems or differences of opinions, but still, together is so much better.'

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APPENDIX A: Research Approval from the Israeli Ministry of Education

[TRANSLATION]

State of Israel
Ministry of Education
Office of the Chief Scientist

Jerusalem,
25 November 2010
(Hebrew letter Tav) 1080 10.32

Permit to conduct an evaluation study on "The Social Skills Teaching Method" to be conducted by Ms. Adi Shapira-Faians

The permit is valid from the abovementioned date and up to the end of the 2010-2011 school year only

Any reference in this document to a person not identified by name is in the masculine. This is for purposes of convenience only, and the intention is also to the feminine gender unless otherwise specified.

For the purpose of entering the school a copy of this document will be provided to the school principal. For the purpose of interviewing an office holder a copy of this document will be provided to him.

Research framework: The researcher's studies for a doctoral degree at the University of Sussex School of Education and Social Work, England.

Research objectives: Tracing the contribution of the "Social Skills" teaching method to pupils studying, and teachers teaching in accordance with it.

The following are the principal elements of the study pertaining to this permit:

The subjects: 8th-9th grade pupils with ADHD learning under the "Social Skills" teaching method at the "Tamar's House" Learning Centers at Shefayim and Mishmar Hasharon, their teachers, and moderators of pupils' groups that teach using the subject teaching method.

Data gathering process: (1) The researcher's analysis of the descriptive and reflective journals written by her, without indicating the identity of the class pupils, and the conduct of the group of pupils learning according to the "Social Skills" teaching method; (2) distribution of a questionnaire on habits and positions regarding the social learning group among the subject group at the end of the school year; (3) questioning teachers and group moderators by means of an interview and focus groups on their positions regarding the subject teaching method.

Lev Ram Building, 2 Dvora HaNevia St., Jerusalem 91911 Telephone: 02-5602957 http://www.education.gov.il/scientist
Email: scientist@education.gov.il Fax: 02-5602955

3 **For the purposes of the study the subjects will not be requested to convey any details whatsoever that will enable their identification, and no identifying detail about them will be recorded.**

4 **At the time of distribution of the questionnaire the researcher will distribute to all the subjects a copy of an information sheet that includes the contact details of mental health and support centers (appended herewith is the wording of the sheet stamped by the Office of the Chief Scientist that must be distributed among the pupils)[2]. The researcher will provide the required number of sheets for the purpose of their distribution among the subject pupils.**

5 **The right of office holders not to participate in the study will be respected. This right will be elucidated to them by the researcher.**

6 **Data gathering from the educational staff will not be done during their work hours at the educational institution.**

It is further clarified as follows:

- The researcher has undertaken in writing to the Office of the Chief Scientists not to publish the research findings in any way that will enable identification of the subjects or identification of the school in whose framework and through whom the subject information was gathered.
- The permit is given solely for information gathering by means of the research tools presented for examination by the Office of the Chief Scientist, in the format permitted for use.
- If the data gathering is to be conducted by representatives of the researcher, they must present the school principal with a relevant proxy signed by Dr. Louise Gazeley and Dr. Angela Jacklin.
- This letter in no way expresses the opinion of the Office of the Chief Scientist on the quality of the study.
- A separate permit from the district is not required.

[Signature]

Rena Ossizon
Senior Coordinator (Supervision and Monitoring)

[2] The sheet must not be stapled to the questionnaire to enable the pupil to maintain its confidentiality.

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Email: scientist@education.gov.il Fax: 02-5602955

The request to conduct this study was examined by the Office of the Chief Scientist and was found to comply with all the relevant conditions for the "Approval of Data Gathering in Educational Institutions" procedure. It has therefore been decided to permit the requested data gathering for the purpose of the subject study only among 8th-9th grade pupils with ADHD, among their teachers and among the group moderators working in accordance with the "Social Skills" teaching method in the Central District only. This is subject to all the following conditions for whose upholding the researcher and the relevant school principal are responsible:

1 **The subject pupils are not dependent in any way whatsoever upon the researcher or upon any other person acting on her behalf. In order to uphold this condition, the questionnaire will be filled out in the pupil's home. The questionnaire will be handed to the pupils together with a stamped self-addressed envelope for return to the researcher after its completion[1].**

2 **The pupils' right to decide not to participate in the study will be respected, and the right of those that commenced their participation in it to decide not to continue their participation at any time they wish, and this without harming the pupils in any way whatsoever should they decide to exercise their rights. The researcher will elucidate all of the above to the pupils prior to the commencement of the study.**

[1] To maintain their privacy, the subjects will be instructed not to write any identifying detail whatsoever on the envelope.

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Appendix B: Information Sheet and Consent

Dear_____,

This questionnaire is part of a study I am conducting for my Doctor of Philosophy degree at the University of Sussex in England.

The purpose of the questionnaire is to learn about your views of the social skills learning group so that the programme can be improved. Your input is important to our understanding of your experience in the group.

Filling out the questionnaire is not compulsory. You are not obliged to answer all the questions and you may stop completing it at any time without causing yourself any harm whatsoever.

The questionnaire is anonymous, so please do not provide any personal details in it.

The questions are in the masculine for convenience only, and they address boys and girls alike.

Thank you for your corporation!

Sincerely,

Adi Shapira-Faians

Appendix C: Information Sheet about the Research

I wish to conduct a study on the social learning groups held in the school.

The aim of the study is to examine the experience of participating in the social skills learning groups and the process of acquiring social skills at the school.

The study will not affect the routine work of the groups in their weekly meetings.

In the course of the study, throughout the school year I shall interview the school's educational staff.

The students taking part in the groups will be requested to fill out anonymous questionnaires about the groups.

Participation in the study is not compulsory, and participants may opt out of participation at any time.

Sincerely,

Adi Shapira-Faians

Drama Therapist

Appendix D: Interview Guide, Session 1

Interview Questions for 7th and 9th Grade Teachers

Background Questions:

1. What is your role in the school?
2. How many years have you worked at the school?
3. Do you work in other frameworks with a similar population? If so, where and at what scope?

Are there social learning groups there? If yes, in what format?

Questions on Social Learning Groups:

1. What is your perception of social skills learning at the school?
2. Do the students in your class tell/report/talk about social learning? If so, how? Provide an example (with the names of the students who talk about it).
3. What, in your opinion, is the students' attitude toward their participation in the group?

(Do they object/participate willingly/accept the group as part of the curriculum like any other subject/do

they use the group as a platform etc? Does different content emerge for different students?

4. Please give your opinion on the students' obligation to participate in a social learning group: Should participants be given the option of participating, or should it be compulsory? Why?
5. How would you describe the social skills of the students in your class? (Address topics such as the degree of their ability to deal with interpersonal conflicts, impulsiveness, self-control, ability to listen to the other, etc. The interviewee should be asked to refer to students by name).
6. Has it ever happened that you used the social learning groups to deal with difficulties or problems that arose in a social context in your classroom? If so, how? (Provide an example).

7. Please give your opinion on the weekly staff meetings (teacher, coordinator, moderators, on occasion – the principal). In your opinion, are they necessary? Yes/no – and why? If you had the possibility of doing so, would you change anything in these meetings? (Format, composition, frequency, etc.) If so, describe the change(s) you would make.

8. Please give your opinion on holding social learning groups in the school

Are they necessary/unnecessary? Why? If you had the chance, would you change anything in them? If so, please describe the change(s).

Questions for Group Coordinators (7th and 9th Grades)

Background Questions:

1. What is your role in the school? Describe what your role comprises.
2. How many years have you worked at the school?
3. Do you work in other frameworks with a similar population? If so, where and at what scope? Are there social learning groups there? If yes, in what format?

Questions on Social Learning Groups:

1. What is your perception of social learning at the school?
2. Do the students in the age group you coordinate tell/report/talk about social learning? If so, how? Provide an example (with the names of the students who talk about it).
3. What, in your opinion, is the students' attitude in the age group you coordinate toward their participation in the group? (Do they object/participate willingly/accept the group as part of the curriculum like any other subject/do they use the group as a platform, etc? Does different content emerge for different students, please give their names).
4. Please give your opinion on the students' obligation to participate in a social learning group: Should participants be given the option of participating, or should it be compulsory? Why?
5. How would you describe the social skills of the students in the age group you coordinate? (Address topics such as the degree of their ability to deal with interpersonal conflicts, impulsiveness, self-control, ability to listen to the other, etc. The interviewee should be asked to refer to students and events specifically).
6. Has it ever happened that you used the social learning groups to deal with difficulties or problems that arose in a social context in the age group you coordinate? If so, how? (Provide an example).
7. What, in your opinion, is the teachers' position regarding the social learning groups in the school? (Do they support or oppose the groups? Do they use the groups' platform?)
8. Please give your opinion on the weekly staff meetings (teacher, coordinator, moderators, on occasion – the principal). In your opinion, are they necessary? Yes/no – and why? If you had the possibility of doing so, would you change

anything in these meetings? (format, composition, frequency, etc.) If so, describe the change(s) you would make.

9. Please give your opinion on holding social learning groups in the school.

Are they necessary/unnecessary? Why? If you had the chance, would you change anything in them? If so, please describe the change(s).

Questions for the School Principal

Background questions:

1. What is your role in the school? (How many age-group classes, and how many classes and students are there in the school?)
2. For how many years have you been principal?
3. In the past have you been head of educational institutions for populations with learning disabilities and ADHD? If so, please give details (number of years, ages, whether there were social learning groups there).

Questions on Social Learning Groups:

1. What is your perception of social learning the school?
2. What, in your opinion, is the teachers' position regarding the social learning groups in the school? (Do they support/oppose the groups or use the groups' platform?)
3. What, in your opinion, is the age group coordinators' position regarding the social learning groups in the school? (Do they support/oppose the groups or use the groups' platform?)
4. What, in your opinion, is the students' position regarding their participation in the group? (Do they object/participate willingly/accept the group as part of the curriculum like any other subject/do they use the group as a platform, etc.? Does different content emerge for different students, please give their names).
5. Please give your opinion on the students' obligation to participate in a social learning group: Should participants be given the option of participating, or should it be compulsory? Why?
6. How would you describe the social skills of the 7^{th} grade students? (Address topics such as the degree of their ability to deal with interpersonal conflicts, impulsiveness, self-control, ability to listen to the other, etc. The interviewee should be asked to refer to students/events specifically).
7. How would you describe the social skills of the 9^{th} grade students? (Address topics such as the degree of their ability to deal with interpersonal conflicts, impulsiveness, self-control, ability to listen to the other, etc. The interviewee should be asked to refer to students/events specifically).

8. Has it ever happened that you used the social learning groups to deal with difficulties or problems that arose in a social context in your school? If so, how? (Provide an example).

9. Please give your opinion on holding the programme for four years.

10. Please give your opinion on the weekly staff meetings (teacher, coordinator, moderators, on occasion – the principal). In your opinion, are they necessary? Yes/no – and why? If you had the possibility of doing so, would you change anything in these meetings? (Format, composition, frequency, etc.) If so, describe the change(s) you would make.

11. Please give your opinion on holding social learning groups in the school

Are they necessary/unnecessary? Why? If you had the chance, would you change anything in them? If so, please describe the change(s).

Appendix E: Interview Guide, Session 2

Questions for the Class Coordinator (7th and 9th Grades)

As a part of the second phase of my study on social skills learning groups, I would appreciate your honest answers to the following questions.

I want to remind you that the collected information is completely anonymous.

1) Describe what you thought about the social skills learning groups when they were presented to you for the first time as a part of the school curriculum? (Points of reference for me during the interview: did you think that the idea was positive? Unnecessary? You didn't quite understand what it's about? And so on)

2) Describe your attitude today towards the existence of social skills learning groups at the school? – elaborate. (Points of reference for me during the interview – if there was a change in the coordinator's attitude – to ask him what he thinks led to the change in his attitude?).

3) How would you describe the attitudes of 7th grade teachers towards the existence of social skills learning groups at the school?

4) How would you describe the attitudes of 9th grade teachers towards the existence of social skills learning groups at the school?

5) (If they believe there is a difference in the attitudes of 7th and 9th grade teachers): what do you think causes the difference in the teachers' attitudes towards the social skills learning groups?)

6) How do you think the social skills learning groups should be defined: as a class or as psychotherapy? Why?

7) Do you think that the shared meetings of the teachers, class coordinator and group instructors are frequent enough? – If not, what do you believe is the appropriate frequency?

8) What do you believe the content of the meetings should be? What information (note to myself: information about the coordinator's feelings and/or objective information about the students and so on) is it important to you to give and receive in these meetings?

9) Rate how effective the social skills learning groups are in your view (1 – not effective at all, 5- very effective)

10) Describe how you believe the effectiveness or ineffectiveness of the groups is expressed in the field.

Questions for the School Principal:

As a part of the second phase of my study on social skills learning groups, I will appreciate your honest answers to the following questions.

I want to remind you that the collected information is completely anonymous.

1) How would you describe the attitudes of 7th grade teachers towards the existence of social skills learning groups at the school?
2) How would you describe the attitudes of 9th grade teachers towards the existence of social skills learning groups at the school?
3) (If she believes that there is a difference in the attitudes of 7th and 9th grade teachers): what do you think caused the difference in the teachers' attitudes towards the social skills learning groups?)
4) How do you think the social skills learning groups should be defined: as a class or as psychotherapy? Why?
5) Rate how effective the social skills learning groups are in your view (1 – not effective at all, 5- very effective)
6) Describe how you believe the effectiveness or ineffectiveness of the groups is expressed in the field.

Questions for the Group facilitators – 7th and 9th grade

As a part of the second phase of my study on social skills learning groups, I will appreciate your honest answers to the following questions.

I want to remind you that the collected information is completely anonymous.

1) Describe what you thought about the social skills learning groups when they were presented to you for the first time as a part of the school curriculum? (Points of reference for me during the interview: did you think that the idea is positive? Unnecessary? You didn't quite understand what's it about? And so on)

2) Describe your attitude today towards the existence of social skills learning groups at the school? – elaborate. (Points of reference for me during the interview – if there was a change in the attitude of the group instructor – to ask him or her what he or she thinks led to the change in his attitude).

3) How would you describe the attitudes of 7th grade teachers towards the existence of social skills learning groups at the school in the beginning of the year? And today?

4) (If they believe that there is a difference in the attitudes of 7th grade teachers in the beginning of the year versus the end of the year): what do you think caused the difference in the teachers' attitudes towards the social skills learning groups?)

5) How would you describe the attitudes of 9th grade teachers towards the existence of social skills learning groups at the school in their first year? (7th grades) And today?

6) (If they believe that there is a difference in the attitudes of 9th grade teachers in the beginning of their work at the school versus today): what do you think caused the difference in the teachers' attitudes towards the social skills learning groups?)

7) How do you think the social skills learning groups should be defined: as a class or as psychotherapy? Why?

8) Do you think that the shared meetings of the teachers and group instructors are frequent enough? – If not, what do you believe is the appropriate frequency?

9) What do you believe the content of the meetings should be? What information (note to myself: information about the group instructor's

feelings and/or objective information about the students and so on) it is important to you to give and receive in these meetings?

10) Rate how effective the social skills learning groups are in your view (1 – not effective at all, 5- very effective)

11) Describe how you believe the effectiveness or ineffectiveness of the groups is expressed in the field.

Appendix F: Student Questionnaire

Below you will find sentences that describe different behaviours and situations.

Please state to what extent each sentence is true for you.

Circle the number that reflects the relevant answer for you.

	Statement	1-not true at all	2-true to some extent	3-true	4-very much true
1	***Being welcomed by the group facilitators helps me enter the group.***	**1**	**2**	**3**	**4**
2	***Sitting in a circle helps me to get organised in the group.***	**1**	**2**	**3**	**4**
3	***Sitting in a circle helps me to start a discussion.***	**1**	**2**	**3**	**4**
4	***In the group, the rules of behaviour are clear.***	**1**	**2**	**3**	**4**
5	***The group members respect each other.***	**1**	**2**	**3**	**4**
6	***What happens in the group should stay within the group.***	**1**	**2**	**3**	**4**
7	***The group is a safe place for me.***	**1**	**2**	**3**	**4**

8	***The social skills learning group should always take place in the same room.***	**1**	**2**	**3**	**4**
9	***The social skills learning room should always be organised and arranged in the same way.***	**1**	**2**	**3**	**4**
10	***I prefer to have a regular seat in the group.***	**1**	**2**	**3**	**4**
11	***There should be different group facilitators every year.***				
12	***The students in the group should be different every year.***	**1**	**2**	**3**	**4**
13	***The social skills learning group should meet for at least four years.***	**1**	**2**	**3**	**4**
14	***The social skills learning group should be elective and not compulsory.***	**1**	**2**	**3**	**4**
15	***In the group, we are all equal.***	**1**	**2**	**3**	**4**
16	***I prefer being in a group with children like me.***	**1**	**2**	**3**	**4**
17	***It is important to the group facilitators to have me in the group.***	**1**	**2**	**3**	**4**
18	***It is important for me to be part of the group.***	**1**	**2**	**3**	**4**
19	***It is important to the group members to have me in the group.***				

20	***I feel comfortable talking about myself in education classes.***	**1**	**2**	**3**	**4**
21	***I feel comfortable talking about myself in the social skills learning group.***	**1**	**2**	**3**	**4**
22	***Participating in the group helps me understand others.***	**1**	**2**	**3**	**4**
23	***Participating in the group helps me understand myself.***	**1**	**2**	**3**	**4**
24	***The group members support each other.***	**1**	**2**	**3**	**4**
25	***My form teacher thinks that the social skills learning group is important.***	**1**	**2**	**3**	**4**
26	***The group teaches me how to solve problems with friends in school.***	**1**	**2**	**3**	**4**
27	***The group teaches me how to solve problems with people who are close to me outside the school.***	**1**	**2**	**3**	**4**
28	***If something bothers me or makes me angry, I say something.***	**1**	**2**	**3**	**4**
29	***I can control myself and wait for my turn (in play, conversation and in general).***	***1***	**2**	**3**	**4**
30	***I can control myself when I'm angry.***	**1**	**2**	**3**	**4**

31	***The social skills learning group helps me to fit in at school.***	**1**	**2**	**3**	**4**

32. What do you think is good about the social skills learning group?

_____
_____

_____
_____

33. What do you think is not good about the social skills learning group?

_____
_____

_____
_____

Appendix G: Extract from Reflective Diary

[All names have been changed to protect the privacy of the individuals]

12.9.10

The entrance to the social skills learning group is rather difficult; Mike, Steve and Sean come in running, after teasing each other outside and fighting with each other, or God knows what?! They grab each other's bags, kick and curse each other. One of them kicks the door and comes in screaming, "Tell this son of a bitch not to touch me… I'll kick his ass, I swear to God! I don't feel like coming inside!" Mike continues, "Come on, bring it on, I didn't take Ritalin… let's fight, fight, come on, kick his ass!"

They're like a Greek choir… Julio stands up in the entrance (he reminds me of the bodyguard in Roger Rabbit…) "I'm sorry, but you can't enter the group like this. Let's start from the beginning…" Mike screams, "Let's go… we don't need this, I'm going to take a walk!"

The other two can't make up their minds. Johnny and the girls come in fashionably late, a little after the entrance drama. Mika comes in and seems upset. She says, "I don't feel like being here with this homo and the retard!" (She refers to Johnny and Mary). Ali's confused… "I'm hungry, I'm going to eat my sandwich here!"

It seems that the session is completely revolved around the 'entrance dilemma and being together'. Each of them has his or her own reason to avoid it. And the anxiety from intimacy and 'togetherness' really characterises the session. They all try to keep their individuality so as not to relate to each other. If they communicate with each other in any way, it's by kicking each other. Julio and I keep recollecting the students, and every time, someone 'slips through our fingers'… this one gets up to go to the bathroom, the other isn't in the mood to talk, the hyperactive ones let us know who's the boss, and they all choose to stick to regressive behaviour (like eating, going to the bathroom, drinking). They can't hold themselves, can't restrain themselves, they want to escape, they need a pacifier!

Mika suddenly sits down and says to Johnny. "Why are you so weird? What are you, a woman or a man?!" Johnny is happy with the attention, "What's your problem? That you're weird?" Mika says, "It grosses me out, act normal already! Teacher… (She's talking to me) I can't sit next to him. I don't feel like being in the same room with him!" She gets up and leaves the room.

Inside all this chaos (they eat, curse, kick, get up, sit down, rock), Julio and I keep talking, "Oh, excellent, so that's how it goes… In this room, we don't curse and we

don’t hit. You can eat before the class and not during, and if you want a break, it’s fine. Let’s talk about it…” We mirror their behaviour to them (I hate that pretentious word!). We breathe, we still say what we want to say, and they perceive whatever they can.

Over time, Julio and I have developed mantras of rules and sayings, things that we say over and over again. I think that these sayings serve several goals – one is self-soothing, the other is that in the end they don’t have a choice and they will perceive them. Thirdly, it is almost like behavioural constancy. They will do what they do, and we will continue saying these things. We won’t give up, we won’t change our position, we will be strict about the rules, we will remind them about these rules until they don’t want to hear them anymore. I feel that every bone in my body wants these children to get out of the class already! I feel like letting them go, strangling them! But, I know that patience is the key. I know that this is what they have to go through in order to move towards change. Somehow, in the session, we manage to gather the children. Each in his or her turn goes out to find the “wanderers” and bring them back inside, like a ‘personal reaching out’.