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'People with ADHD': An interactional analysis of young people and coaches within an ADHD training program

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ABSTRACT

This study examines the impact of Attention Deficit Hyperactivity Disorder (ADHD) stereotypes using audio-recorded interactions of a training session which provides practical solutions for young people when faced with negative stereotypes in their everyday lives. A discursive psychological approach is used drawing on methods from conversation analysis and membership categorization analysis. The study focuses on how the constructive three turn initiation-reply-evaluation sequence is used to make visible the young people's ADHD knowledge. The way membership categorization is used to do and recognise descriptions of ADHD and how these descriptions are claimed or resisted by the young people. The study contributes to the area of research which looks at the everyday lived experiences of young people and ADHD with implications for practitioners to improve the way training/support sessions are managed and organized.

KEY WORDS:	ADHD	STEREOTYPES	TRAINING SESSION INTERACTIONS	CONVERSATION ANALYSIS	MEMBERSHIP CATEGORIZATION ANALYSIS

Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is the most commonly diagnosed behavioural disorder in childhood with prevalence estimated at around 5% (Wolraich et al, 2005). It is a chronic disorder which persists throughout adolescence into adulthood (Whalen, 2004). The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) is the official manual used by psychiatrists to diagnose ADHD (see appendix 1 for full diagnostic criteria). Individuals with ADHD have impairments in adaptive functioning which often leads to behavioural problems such as aggression, poor impulse control, poorly regulated behaviour and low motivation. These problems often result in academic underachievement, risk-taking behaviour and interpersonal difficulties (Barkley, 2006).

The vast quantity of research into ADHD has been about assessment, diagnosis and treatment (Barkley, 2006; Goldman et al, 1998) or behaviour management programs for parents or carers to reduce and manage undesirable behaviour (Danforth et al, 2006; Gavita & Joyce, 2008). However, little research has been done about how the young person feels about their ADHD and how they manage the associated behaviours, and even less about the effect on their self-concept and self-esteem (Ryan & McDougall, 2009). The following studies represent a corpus of work which starts to address this shortfall. Travell and Visser (2006) used a grounded theory approach to report how young people described themselves as 'naughty' and 'stupid' and so perceived themselves as 'different' from others, impacting negatively on their self-esteem. Krueger and Kendall (2001) also used a grounded theory approach to report how adolescents defined themselves by their ADHD behaviours and how they incorporated many stigmatizing beliefs and negative attributes as part of their identity. They argue these findings are in stark contrast to research on young people with a physical illness or disability where identity is defined separately.

The association between behavioural problems and self-concept was examined by Houck et al (in press) using self report questionnaires. The study found the more a child internalized their ADHD behaviours the greater the negative influence on their self-concept. They concluded the older children had the lowest self-concept scores suggesting a cumulative effect over time. Finally, Wolraich et al (2005) argue ADHD negativity needs to be changed because if people in life are frequently told they are 'bad', 'stupid', 'mental' and 'damaged' because they have ADHD they will be defined by their ADHD and ultimately limited. They suggest individuals need to be educated with the basic understanding that ADHD is a neurobiological disorder which the person is born with. It is comparable to those born with poor eyesight or asthma, and so not the fault of the individual.

The studies above all recommend that more research is needed into young people's lived experiences of ADHD to improve understanding and support, not only for the young person and those involved but for society as a whole. If interventions are not made available to improve the negativity of ADHD for young people there are significant consequences: antisocial personality disorder, drug misuse, increased risk of psychosis, the potential list of negative outcomes is long (Scott, 2008). The general recommendation is that early psychosocial intervention is needed through

ADHD behavioural training programs and support groups to fulfil a real need for people with ADHD (Barber, Grubbs and Cottrell, 2005). Therefore, this study will look at young people's lived experiences of ADHD within a support/training group session. The focus will be on the overlap between self-concept, self-esteem and social identity: how we develop a sense of membership and belonging to a particular group (Eysenck, 2004) to prevent the negativity which surrounds ADHD stereotypes becoming internalized.

Research has shown we get a sense of positive self-concept and self-esteem from our identity group which is influenced, shaped and formed by our relationships with other people (Hester & Eglin, 1997). These ideas continue the work of Sacks (1992), in particular his work on membership categorization analysis (MCA). Sacks argued people use categories as a resource in their everyday talk to describe identities, relationships and social order. In addition, he described category bound activities (CBA) which tie certain characteristics or activities to a particular category (Sacks, 1972; Silverman, 1998). Both membership categories and CBAs are 'inference rich' in that they are a system of common-sense knowledge which people use to infer what a person is 'like' and how they should behave (Schegloff, 2007).

Humans need to categorize, it is a necessary and normal cognitive function which helps us simplify and make sense of our complex social world (Augoustinos & Walker, 1998). However, categories can be distorted. They have a tendency to overestimate how much members from a particular group resemble each other by differentiating them from others, thus producing social stereotypes (Billig, 2002). Categories are not inherently prejudiced but they provide a basis for prejudice, and this is a serious social problem because prejudice thinking judges members of a group regardless of individual characteristics. Members can become stereotyped simply because they belong to a particular group (Billig, 2002). It is also argued that stereotypes generate behavioural expectations by describing assessments of people's behaviour in terms of their social identity (Stokoe, 2003) and these behavioural expectations often become self fulfilling prophecies (Augoustinos & Walker, 1998). However necessary categorization and stereotyping is in everyday life, if it is negative it leads to the stigmatization of certain groups (Goffman, 1963).

The research questions are guided by the recommendations from past research along with the reported lack of research to use MCA methods to examine peer interaction and social organisation (Butler & Weatherall, 2006). It therefore follows the research will look firstly at the interactions between ADHD Coaches and young people within an ADHD training program. Secondly, it will draw on the methods of MCA to look at how categorization practices are used. Thirdly, the research will look at the way ADHD knowledge is used to challenge some of the most likely stereotypes about ADHD. By examining these research questions the study hopes to contribute new understandings about young people's reported experiences of living with ADHD. It also hopes to provide practical insight for support workers and other professionals working with young people and ADHD in respect to the way support/training group interactions are organized and managed. This insight is important because successful intervention depends on how secure the young person feels about sharing their experiences.

Method

The data was the starting point for the study and it came from ADHD Solutions, an organisation which helps support families, children, young people and adults in Leicester with ADHD with regularly run support groups and training sessions. The chosen data for the study is a 6 week program called 'Challenging Teens', a behaviour management program run for parents to help manage their young people's behaviour through adolescence. The study will not focus on the parents' part of the program instead it will look at the two training sessions specifically designed for the young people to discuss issues of ADHD awareness, self regulation and staying in control of emotions. In these sessions the young people are offered advice and strategies about how to identify and manage some of the difficulties they may experience in their everyday life because of their ADHD.

At the start of the first young people's training session the ADHD Coaches, Sue and Jez, implemented a 15 question answer sheet. With the exception of one question, *'people with ADHD are cool'*, the rest were negatively worded descriptions of ADHD such as, '*people with ADHD are naughty', 'just want attention'* and *'are mental, crazy or a freak'*. The young people were asked to read and fill out the 'true or false' question sheet (Appendix 2). Instructions were given verbally by Sue as well as being written on the handout sheet reading, *"There are lots of misunderstandings about ADHD. Lots of people get confused about what is true and what is false. Look at the list below and tick whether they are true or false"*. The young people were given help with reading and comprehension if needed by Sue and Jez, and Josh, a volunteer helper.

The behaviours on the question sheet used everyday terminology to illustrate some of the attitudes the young people may have or will encounter at some time from school, friends, family or the wider community. The questions encouraged the young people to think about which behaviours they found representative of ADHD. The aim of the exercise was to challenge the negative stereotypical statements written on the sheet as these contribute significantly to poor self-esteem and self-identity. A discussion followed the exercise and it is this discussion which is the data for the analysis.

Participants and Ethics

There were five families taking part in the program which consisted of six evening sessions for the parents and two three hour training sessions for the young people. The young people in the study all had a diagnosis of ADHD and were aged between 10 and 14 years. The study followed the British Psychological Society's ethical guidelines and was given full ethical approval from the University Ethics Committee; also a full CRB check was carried out on the researcher. ADHD Solutions contacted the families on behalf of the researcher to request permission to allow the training sessions to be observed and audio recorded. The study was explained to the parents and young people by the researcher and full written consent was obtained from both. It was made clear to the parents and young people that they were free to withdraw from the study at any time without reprisal. All information obtained was

securely stored, and confidentiality was maintained during the transcription process by removing or changing any identifying features.

Analytic Methodology

This study is qualitative in design using a discursive psychology (DP) approach and methods from conversation analysis (CA) and membership categorization analysis (MCA). DP is a form of discourse analysis which draws on the work of Harvey Sacks and CA to treat talk as social action (Potter, 1998). DP looks at how phenomenon are constructed, attended to and understood in interaction. The focus is on material from real world situations to investigate the ways people use psychological concepts when they talk to each other and what actions these perform. In essence, it is the academic study of how commonsense psychological concepts are used and applied in everyday life (Edwards, 1993; Edwards and Potter, 1992; Potter, 1998).

Within DP the chosen research methodology for studying naturally occurring conversations is CA, the scientific study of talk-in-interaction (Schegloff, 2007). CA examines the sequential organization and performative aspects of talk to determine patterns in turn-taking and the organisation of social interaction. It is used to examine how conversation works in many different settings from conversations between people in their everyday life to institutional conversations which in this study will be the ADHD training sessions (Psathas, 1995; Schegloff, 2007; Silverman, 1998). In addition, the study will draw on MCA, also developed by Harvey Sacks, to examine the way people use common-sense knowledge to describe people and activities to make sense of their social world. The focus will be on the methods people use in their everyday life to identify or resist memberships defined by who they are in relation to others (Sacks, 1992; Benwell & Stokoe, 2006).

DP, CA and MCA researchers express a preference for naturally occurring data of social interaction. Naturally occurring data is produced independently of the researcher, compared to say interviews or focus groups which rely on researcher involvement (Speer, 2002). Potter (2002) argued researchers should endeavour to use data which occurs naturally outside of a research setting. With this in the mind the researcher's role was only to observe from a distance and audio record the sessions for subsequent analysis. The need to audio record is common practice because it is widely agreed that researchers cannot rely on recollection alone to remember conversations accurately (Antaki, 2002; Sacks, 1992; Silverman, 1998). Also, the recordings allow the researcher to listen repeatedly to the data, an essential part of the transcription process. The sessions were firstly orthographically transcribed and the chosen extracts to be used in the analysis section were transcribed in more detail using techniques developed by Gail Jefferson (2004) (Appendix 3).

The Jefferson system is the principal system used in CA because it ensures all detail of talk is captured in the transcript including intonation, pitch, silences, emphasis and the like. These details are used by people in talk to do some business, so it is essential this level of detail is transcribed in order to preserve the key features of talk which people attend to in conversation. After transcription inductive data-driven analysis was performed using CA methods to examine how the group interactions are sequentially organised, in particular focusing on turn organization. MCA methods

will look at the way the Coaches and young people do and recognise descriptions of themselves and others and whether these descriptions are representative of the ADHD stereotypes.

The analysis will focus on three areas. Firstly, the way ADHD knowledge is presented and understood in the training session. Secondly, how the group claim or resist membership of ADHD categories. Thirdly, the methods used to challenge stereotypes about ADHD to improve self-concept, self-esteem and social identity.

Analysis

The training session has its own epistemological culture. The young people attend the sessions voluntarily to learn strategies from the Coaches to help them manage their ADHD behaviour and build healthy relationships with others. Alongside this role the Coaches help the young people recognise and challenge ADHD stereotypes to address issues of low self-concept and self-esteem.

The analysis will be divided into two parts. The first looks at how Sue uses the three turn initiation-reply-evaluation (IRE) sequence as proposed by Mehan's 'learning lessons' paper (1979a). The IRE is organised with the understanding that the presenter knows the answer to the question and this is understood by everyone whether those others know the answer or not. The IRE is a commonly used device for anyone in charge of the 'instruction of novices' namely parents, teachers and in this instance Sue (Macbeth, 2003). Sue leads the training session and subsequent group discussions so needs to keep order to adhere to her training agenda, and the IRE is a device which allows her to do this. Although membership categorization is discussed in the first part of the analysis it is the second part of the analysis which focuses on how membership categorization is used within the group to claim or resist ADHD behaviours. The challenging of ADHD stereotypes is seen throughout the analysis and discussed in all the extracts examined.

The Initiation-Reply-Evaluation Sequence

The IRE sequence is a deeply constructive tool used to make knowledge visible. It is not one of control but collaboration as the knowledge is already in place and the sequence helps reveal it (MacBeth, 2003). MacBeth (2003) referred to the phenomenon as 'lessons-in-their-course' as speakers work their way through the answer together to encourage thinking and learning within a group. The IRE is a three turn sequence starting with the first speaker who asks a question (the initiation), followed by the second speakers answer (the reply) and ending with the first speakers assessment (the evaluation). The first extract shows the IRE in action within the training session.

Extract 1: Session 1a -12 (23.18)
1   Sue   Okay (.) do <u>you</u> think people with >ay dee aitch
2   ↓dee< just don't <u>try</u> hard enuf?
3   Paul   Yes and no
4   Tom   <u>FALSE</u>

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5   Sue    False abs:a↑lutely
6   Ric    ↑Wot↓ (.) >false yeah<
7   Sue    What [about you boys (.) did you put yes or no?
8   Tom         [you put a tick↑ ((to Ric))
9   Josh   Yeah but he put a [tick where it says false
10  Sue                      [nah
11  Sue    Why Paul?
12  Paul   [[Becos like (.) sometimes we don't try hard
13  Tom    [[Or thatz false
14  Paul   enuf. >sometimes we do<
15         (0.3)
16  Paul   Everyone does that really
17  Sue    Ev'rybody has days when they don't try very
18         hard don't they?
19  Paul   Hu:ha
20  Sue    Okay
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The opening question asked by Sue, 'Do you think people with >ay dee aitch ↓dee< just don't try hard enuf?' (lines 1-2) is the first part of the IRE sequence. Sue's role as an ADHD Coach means she has a preferred answer to her question and the IRE sequence encourages this answer to be found by the young people. This is seen in the way Sue reformulates the written question on the young people's handout, *'People with ADHD are not trying hard enough',* to 'Do you think people with >ay dee aitch ↓dee< just don't try hard enuf?' (lines 1-2). The word 'think' is added as a rhetorical word to get the young people to engage and share their opinions (Cromdal, Tholander & Aronsson, 2007).

The second part of the IRE sequence is both Paul's reply, 'yes and no' (line 3) and Tom's 'False' (line 4). The third part, Sue's evaluation, attends to Toms answer 'false' because it is a 'type conforming' answer which stands in agreement with the initiation question (Raymond, 2003). It can be suggested Sue was looking for a 'false' answer because she does not attend to Paul's 'yes and no' (line 3) which although is the first answer to be given is not type conforming but hedged.

Sue's evaluation (line 5) starts with a full repeat of Tom's 'false' (as opposed to a minimal yes/no reply). The full repeat confirms this is a claim Sue has full epistemic authority to make because her role as an ADHD Coach is to 'instruct' and 'teach' the young people (Hepburn & Potter, (forthcoming); Raymond, 2003; Stivers, 2005). A repeat followed by an assertion, which here is Sue's 'abs:a↑lutely' is a high grade assessment which when seen in closing sequences displays strong agreement (Antaki, 2002).

Paul's answer, 'yes and no' (line 3) is not ignored by Sue which it may appear at first. Sue goes back to his reply and asks him to explain, 'why Paul' (line 11). She addresses it to Paul by name so nominates him as the only person with authority to answer (McHoul, 1978). Paul replies, 'Becos like (.) sometimes we don't try hard enuf. Sometimes we do'. Paul's use of the word 'we' draws on membership categorization. The question was issued in the third party, 'Do you think people with >ay dee aitch ↓dee< just don't try hard enuf?' but Paul answers in the first person. Although Sue's initiating question used membership categorization to make a

distinction between people with ADHD and people without Paul independently positions himself within the ADHD category. His answer uses the CBA of 'not trying hard enough' as a characteristic which people with ADHD 'sometimes' do (Sacks, 1992).

Pauls explanation is followed by silence so he expands adding 'everyone does that really' (line 16) changing his position from 'we' (talking about people with ADHD) to 'everyone' (talking about people in general). This is a 'normalizing' action implying 'everyone' acts in that way so works to neutralise the CBA he previously issued (Edwards, 2007; Hepburn, 2000). The word 'everyone' is an extreme case formulation used to manage subjectivity, to counter any dispositional inference which could be made about him because he is now including himself in the 'normal, standard or expected' group (Edwards, 2000; Edwards, 2007; Pomerantz, 1984).

Sue is quick to respond with 'ev'rybody has days when they don't try very hard don't they' (lines 17-18). Her turn is a modified repeat which although agrees with Paul's assessment competes with the epistemic authority of the claim (Stivers, 2005). Heritage (2010) graded epistemic stance and Sue's turn is a statement plus interrogative tag suggesting Sue has prior knowledge that everyone has days when they do not try very hard and her statement is tagged to invite agreement (Heritage & Clayman, 2010). When a tag question is issued it can also be used to address internal states of disposition (Hepburn & Potter, (forthcoming)). In this context the tag invites the young people to consider the possibility that people without ADHD do not try very hard all the time too, and if this possibility is accepted Sue's statement normalises the initiating stereotypical question. Paul replies with 'hu:ha' (line 19) in agreement albeit a minimal response and Sue ends with 'okay', a transition marker which signals to the young people she is moving onto the next question (Beach, 1993; Jefferson, 1984).

The next extract shows Sue asking a question in the same IRE format as seen in extract 1, but the young people do not give a type conforming answer as before. It has been found when a type conforming answer is not forthcoming the conversation continues until it is found (Macbeth, 2003). This is true of the next extract. When the type conforming answer is not given Sue reissues her question until the type conforming answer is given in line 13 allowing the IRE sequence to continue.

Extract 2: Session 1a -14 (25.20)
1 Sue   Okay tut (.) D'ya think people with >ay dee aitch ↓dee<
2   are <u>naught</u>y?
3 Tom   Err (.) half
4 Joe   >Sometimes<
5 Paul   Yeah
6 Ric   Yeah (.) I [put it in the middle
7 Sue   [D'a think tha
8 Ric   [[I
9 Sue   [[D'ya think that people with >ay dee aitch ↓dee< are
10   more naughty than people who don't have >ay dee aitch
11   ↓dee<?
12 Ric   Ummm

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13   Wils   No
14   Tom    ↑I've pu:t=
15   Sue    =NO abs:alutely of ↑cor[s:not
16   Tom                            [Miss
17   Tom    Miss ↑I've put true and false (.) be[cos >they are
18          naughey<
19   Joe                                      [ay ay put sometimes
20   Tom    sometimes and not naughty
21   Sue    Yeah we're all naughty sometimes aren't we?
22          (0.3)
23   Tom    Oh
24   Sue    >Yeah< we're all naughty sometimes aren't we=but we're
25          no more naughty (.) than people who don't have
26          >ay dee aitch ↓dee<
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Sue asks the young people 'D'ya think people with >ay dee aitch ↓dee< are naughty? The replies are either hedged, 'err half' (line 3), 'sometimes' (line 4) or in agreement 'yeah' (line 5 and 6). Sue's type conforming answer is not given so she cannot continue to challenge the stereotypical statement as seen before in extract 1.

It is argued questions are not just asked to seek information but are an effective resource to accomplish a wide range of social actions (Butler et al, 2010). The resourcefulness of a question can be seen in Sue's reissue which positions her initiating question as a comparison, 'D'ya think that people with >ay dee aitch ↓dee< are more naughty than people who don't have >ay dee aitch ↓dee<?' (lines 9-10). If the young people answer 'yes' to this question the comparison positions 'naughtiness' as a CBA which being inference rich describes 'naughtiness' as an expected behaviour seen in young people with ADHD (Silverman, 1998). The answer to Sue's initiating question comes from Wils (line 13) in his type conforming answer 'no' which unties the CBA placed by Sue in her comparable question. It is from this response that the IRE sequence continues and Sue is quick to emphasise her third turn evaluation, 'NO abs:alutely of ↑cors:not' (line 15). The words 'of ↑cors:not' suggest any other answer would be nonsensical and so strongly challenges the idea that people with ADHD are 'naughtier' than people without.

Tom starts a reply '↑I've pu:t=' (line 14) which is not attended to by Sue at this point so he pursues her with the address 'Miss' (line 16) to get her attention. Once her attention is given he continues with 'Miss ↑I've put true and false (.) becos >they are naughey< sometimes and not naughty' (line 17). Interestingly, Tom uses 'they' when talking about people with ADHD being naughty. In doing this he is not including himself as a member and so counters 'naughtiness' as a disposition attributable to him (Edwards, 2007). Sue acknowledges Tom's explanation as true, 'yeah we're all naughty sometimes aren't we?' (line 21) but it is an 'agree but disagree' statement which questions Tom's assessment (Raymond 2003). Sue normalizes her statement with her use of the word 'we're' and her emphasis of the word 'all', an extreme case formulation used to explicitly remove the CBA of 'naughtiness' and ADHD (Edwards, 2000; Sacks, 1992).

Sue's turn is another example of a modified repeat which competes with the epistemic authority of Tom's claim (Stivers, 2005). It is constructed as a statement

plus tag, 'Yeah we're <u>all</u> naugh<u>ty</u> sometimes aren't we?' (line 21) to invite the young people to agree with her assessment (Heritage & Clayman, 2010). Her turn is followed by a short silence until Tom replies 'oh' (line 23) which is a change of state token in response to Sue's statement (Heritage, 1984). Sue confirms with a speedy repeat '>Yeah< we're all naughty sometimes aren't we=but we're no more naughty (.) than people who don't have >ay dee aitch ↓dee<' (line 24-26). Sue inserts a mid tag but latches her next statement 'but we're no more naughty (.) than people who don't have >ay dee aitch ↓dee<', preventing the tag from being answered. She latches the word 'but' to block the attribute that people with ADHD are 'naughtier' than people without ADHD for the second time in the extract (Edwards, 2007; Schegloff, 2007).

It is suggested Sue's use of 'we're' has two meanings in this turn. Firstly, '**we're** all naughty sometimes' is a normalizing 'we', whilst the '**we're** no more naughty than people who don't have ADHD' is a plural 'we' which Sue uses to speak on behalf of the young people for the current conversation (Sacks, 1992). Despite the difference in meaning both are used to perform the same action, to challenge the stereotypical belief that 'people with ADHD are naughty'.

Membership Categorisation Analysis

The second part of the analysis will focus on how categorization is used to do and recognise descriptions of ADHD behaviours, and how these descriptions are bound to become expected behaviours for that group (Sacks, 1972, 1992). The next two extracts look at how membership categorization is used to claim and resist ADHD behaviours.

Extract 3: Session 1a – 12 (23.47)
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1   Sue    Do you think people with >ay dee aitch ↓dee< are stupid?
2   Tom    False
3   Sue    Abs:[↑alutely
4   Ric        [true
5   Jez    >Ve[ry very< false
6   Sue        [.hhh
7   Sue    People with >ay dee aitch ↓dee< are very CLEVER (.)
8          >people<
9   Tom    True
10  Sue    Abs:↑alutely
11  Paul   Ya know the Wrigh Bruvthers that did da plane (.)
12         he had ↑ay dee aitch ↓dee
13  Sue    >absalutely<
14  Paul   so did Albert Einstein
15  Sue    Yep so did TuThomas [Ellison
16  Wils                       [Tom Cruise
17  Sue    So's Bill Gates::↑
```

The extract starts with the same IRE sequence as before until Ric comes in with his later response 'true' (line 4). His turn overlaps Sue so Jez attends with, '>Very very< false' (line 5). The words 'very very' are a speedy extreme case formulation issued to

'counter' what has been said before (Edwards, 2000; Pomerantz, 1984). Jez could have simply said 'false' so his choice of words is doing something more. He is exerting his epistemic authority as an ADHD Coach to challenge Ric's reply (Heritage & Clayman, 2010). Sue responds with an intake of breath '.hhh' (line 6) which is a token of surprise or shock (Wilkinson & Kitzinger, 2006). The intake of breath is followed by the assertion, 'People with >ay dee aitch ↓dee< are <u>very</u> <u>CLEVER</u> (.) >people<' (line 7). The assertion is an extreme case formulation with added emphasis, tone and pitch given to the words '<u>very</u> <u>CLEVER</u>'. Tom replies 'true' (line 8) which Sue treats as agreement, replying 'abs:a<u>lutely</u>' (line 9). This talk is working to counter Ric's belief that people with ADHD are stupid.

The next turn is Paul's and it illustrates the rhetorical nature of discourse to argue an alternative (Billig, 1996). Paul utters, 'Ya know the Wrigh Bruvthers that did da plane (.) he had ↑ay dee aitch ↓dee' (line 10-11). His statement is issued to challenge the CBA 'people with ADHD are stupid' (MacBeth, 2003; Sacks, 1992). Paul knows this predicate cannot be true because as he says the Wright Brothers had ADHD and they have a CBA of being 'clever' people. However, his utterance is not this explicit so his choice of words is performative. It could be a discursive move to encourage the others to find the alternative answer for their self. The young people will be responsive to this approach of learning because of their experience of classroom organization, children are taught to come up with the ideas themselves because this is agreed to be the most effective way of learning (Edwards & Mercer, 1987). Paul has transferred this method from a classroom setting to the training group setting and Sue is quick to encourage his approach with her usual high grade assessment, '><u>abs</u>a<u>lutely</u><' (line 12). There is a snowball effect and Paul adds Albert Einstein (line 13), Sue contributes 'Thomas Ellison', 'Tom Cruise' follows from Wils and Sue ends with 'Bill Gates' (lines 14-15).

The members of the group are attending to the immediate interactional problem, the CBA that people with ADHD are 'stupid' (Butler & Weatherall, 2006). Categories are identities for people so by naming the famous people in this way the group produces an alternative CBA, one of being 'clever' and by tying ADHD to the new category the idea that people with ADHD are 'stupid' is challenged, "...what's known about the category is known about them, and the fate of each is bound up in the fate of the other" (Sacks, 1992:401).

Unbeknown to Paul this same approach was to be used by Sue at the end of the question sheet discussion in her summing up exercise. Sue showed the young people a slide with photographs of famous people, some were pop stars others actors, business people or sport personalities, the point being all were well known media figures recognisable to the young people. The next extract shows the young people talking about the photographs after Sue has told them they all have ADHD.

Extract 4: Session 1a – 16 (29.26)
1   Tom   ↑<u>Oh</u> Wil ↓Smith has ay dee aitch dee ((reading from OHP))
2   Sue   [[↑<u>all</u> <u>the</u>:se people [have ay >dee aitch< dee
3   Paul   [[↑<u>Paris</u> Hil↓ton
4   Josh   [all of em
5   Wils   Wai[t who's that one (.) who's that guy <u>nex</u> ta (.)
6   Paul   [↑Paris <u>Hil</u>↓ton

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7   Wils   [[Wil Smith with the funie smile
8   Sue    [[Paris Hil.
9   Josh   Jim Care[y
10  Jez              [Jim ↑Carey
11  Tom    Oh he's [(  )
12  Wils             [Jim Carey [he's (  )
13  Tom                         [↑he's fun↓ie
14  Paul   >He'za< creep
15  Sue    Tom Cru:is:e
16  Wils   Wayn[e Rooney
17  Tom         [I hate (.) R: Robbie Williams
18  Wils   Robbie Will↑iams
19  Tom     ↑Wayne Rooney
20  ?       .HHH
21  Jez     Yeah=
22  Sue     =↑Wayne ↓Rooney has ↑ay dee aitch dee
23  ?       $huh$
24  Jez     Can't you guess by the way he iz ↑sumtimes on the
25          pitch when he loosizs his temper [with things
26  Ric                                      [do the. do they all
27          have ay dee aitch dee=
29  Sue   =they all:: have ay dee aitch dee
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The way the young people's talk is delivered with lots overlaps, intonation and emphasis, suggests a sense of eagerness and excitement about the subject (Wiggins, 2002). Many turns of talk begin with 'oh' (lines 1, 11, 20, 23), an emphasised intake of breath '.HHH' (line 20) or a smiley 'huh' (line 23) all displaying the young people's state of surprise (Heritage, 1984). The discussion includes every one of the young people and continues for a further five minutes after this extract ends. In fact the discussion only ends because Sue stops it for a break.

The extract shows how categories can be an instrument of social control because a name is not just a description but a device for describing (Silverman, 1998). Until this point in the training session the focus has been on the negative ADHD stereotypes. The summing up exercise focuses on the positive images of famous people, famous because they are 'successful' in what they do. According to Sack's (1992) 'consistency rule' when a category is used to describe one person other members of that category can be described in the same way. Categories are identities for people so when the category ADHD is bound to the successful famous people it gives the young people a sense of pride because they can claim to belong to the same group (Sacks, 1992).

The last extract shows how membership categorization can be used to differentiate members of a group compared to the previous extract where membership categorization was used to identify with other members and form group solidarity.

Extract 5: Session 1a – 16 (28.40)
```
1   Sue    Do ya' thin:k that medication is the onl:y ansa
2   Joe    False
```

3   Paul   False
4   Tom   True
5   Paul   False
6   Tom   Bec[os you have' t take medication to calm you
7   down in the morning (.)[↑I do that
8   Sue   [false
9   Sue   [Thes
10   Wils   Thats yo::[u not uz
11   Sue   [there's other things that you can do though
12   as well isn't it >so some people have medication and some
13   people don't<
14   Tom   I: take tablets in the morning
15   Wils   Yeah'at's you (.) not uz
16   Jez   Yeah↑ not everybody does Tom
17   Tom   Oh

Sue's question is answered 'false' by Joe and Paul but 'true' by Tom (lines 1-5). Tom explains his answer; 'becos you have' t take medication to calm you down in the morning (.) ↑I do that' (line 8). Sue responds, 'there's other things that you can do though as well' (line 11) indicating Tom's answer was not type conforming. Sue continues, 'isn't it so some people have medication and some people don't' (line 12). Her question is issued as a declarative and favours a yes response which would automatically disagree with Tom's explanation (Heritage & Clayman, 2010). Tom responds, 'I: take tablets in the morning' (line 14) changing from his use of a collective 'you' (line 6) to an individual 'I', representative only of him. Wils' comment, 'Yeah 'at's you (.) not uz' (line 15), which is an unattended repeat from earlier in the discussion (line 10) making a distinction between Tom and the rest of the group.

Despite the young people all being members' of the same group this is one aspect Wils is quick to point out separates Tom. Wils is using membership categorization to resist the idea that medication is a predicate of ADHD. The same method was seen in extract 2 where Paul listed famous people with ADHD to challenge the 'stupid' predicate. Despite the same method being used it is for different ends. Paul's aim was to claim group solidarity whereas Wils is resisting any such notion here. Jez stands in an agreeing position with Wils and addresses Tom by name with 'Yeah↑ not everybody does Tom' (line 16), invoking his epistemic authority as a Coach to know such a claim is true (Heritage & Clayman, 2010). Tom's 'Oh' (line 17) is a change of state token suggesting he has taken note of what has been said before and the discussion is left unchallenged (Heritage, 1984).

Discussion

The study applied a DP approach and methods from CA and MCA to analyse interaction in an ADHD training session for young people. The analysis firstly looked at the way understandings about ADHD were presented and understood using a questioning sequence. Secondly, how the group claimed or resisted ADHD stereotypes through categorization practices. Thirdly, the way the stereotypes about ADHD were challenged to improve the associated problems of self-concept and self-esteem.

The first part of the analysis applied Mehan's (1979a) IRE sequence to examine how the Coach used this device to lead the training session and subsequent group discussions. According to MacBeth (2003) the IRE sequence is a constructive tool used to make knowledge visible through collaboration. The organisation of the IRE sequence generates knowledge and this knowledge is reflected in the answers and the assessment of such answers. The data supports Mehan's ideas as the extracts in the analysis show the young people discussing each question in collaboration using each other as a resource to find the answers. The analysis only extracted 5 of the 15 questions in the 'true/false' answer sheet discussion and so not to under represent the use of the IRE sequence it is important to note it was used with all 15 questions. Also, each of the 15 questions was followed by some post expansion work to challenge the negative stereotype reflected in the question. The IRE sequence and successive post expansion work was embedded in the training session to identify and challenge negative ADHD stereotypes. The IRE sequence has most typically been studied in classroom organisation but it is a device successfully used in the 'challenging teens' program. It is argued to be successful as the 'challenging teens' program is run regularly by ADHD Solutions in the same unchanged format.

The analysis of the IRE sequence started with the example, 'Do you think people with ADHD don't try hard enough' (extract 1). The stereotypical statement is reformulated into a question (Eriksson & Aronsson, 2005). Again a feature of all 15 questions not just the extracts discussed in the analysis. The Coach knows the answer to her question but instead of simply telling the young people it is false she uses the IRE sequence to reveal what the young people believe, and what evidence they have for holding such a belief. Once the IRE sequence is complete the Coach expands with her assessment, 'everyone has days when they don't try very hard'. The assessment suggests 'not trying hard' is a human quality not just an ADHD quality. The challenging of negative stereotypes continues for each question in turn with the cumulative effect of discrediting the negative beliefs held by people about ADHD.

Whilst the IRE sequence was the device used to identify the stereotypes, categorization practices looked at how the young people claimed or resisted these stereotypes and this was the focus for the second part of the analysis. MCA examined the way people with ADHD become bound to certain activities or behaviours and how in turn these become the expected or norm. It is possible to establish negative assessments of others by describing them in terms of the activities or behaviours bound to their identity. The concern is about how other people use these norms in their everyday interactions and what impact this has for the individual described (Silverman, 1998). This was the very concern being addressed in the training session.

The Coaches are making sure the young people do not attribute behaviours such as 'not trying hard enough', 'being naughty' or 'stupid' as part of their ADHD. These behaviours and attributes are not in the DSM-IV diagnostic criteria because they are not behaviours specifically associated with ADHD, they are universal and available to all. It is important the young people differentiate the difficulties they experience in everyday life because of their ADHD and those experienced by us all. Firstly,

because it is essential young people with ADHD do not believe they can behave in anti-social ways just because they have ADHD, a reality if the ADHD is not successfully managed (Scott, 2008). Secondly, previous research has shown it is important that people with ADHD do not perceive themselves as 'different' (Travell & Visser, 2006) or internalize their ADHD behaviours as part of their identity (Houck et al (in press)) if they are to maintain a healthy self-concept, build self-esteem and not become defined by their ADHD (Krueger & Kendall, 2001; Wolraich et al, 2005).

If a young person believes they are stupid because they have ADHD it is understandable how being defined in this way can become self perpetuating and have a negative impact on self-concept and self-esteem (Scott, 2008; Wolraich et al, 2005). When perceptions are inaccurate and encountered in a person's everyday life it can influence that person's belief system (Madon et al, 2004). The Coaches summing up exercise with photos of famous people (extract 4) discussed how ADHD negativity is being managed through positive images of real people with ADHD. It is suggested this is a discursive move to spark some self recognition and self belief. When the young people in the future encounter negative stereotypes they can draw on the success of the famous people and claim it for themselves, because they belong to the same membership category (Sacks, 1992). The claiming of membership was seen in extract 3 where Paul used the Wright Brothers and Albert Einstein to challenge the stereotype that people with ADHD are stupid. If the young people can draw on others success in the future they can prevent further damage to their self-concept and self-esteem.

The young people who attended the training sessions were taught how to deal with such negative attitudes. They were taught not to internalize them but to challenge them because as the Coaches suggest people with ADHD are not so different from those without despite what the stereotypes infer. A recent study looked at the stigmatizing experiences of having an ADHD diagnosis and found parents had real concerns about their child's self esteem and opportunity for future success because of the stigmatization they had encountered (DosReis et al, 2010). The work of ADHD Solutions is vital because such stigmatization will inevitably be experienced by the young people and their families. The focus is not only on educating people who have contact with young people and ADHD to change negative beliefs but to provide practical solutions for the young people to help them deal with these beliefs in their everyday life.

There has been a growth in the use of support groups for social issues which provide the opportunity to apply a discursive approach to real life concerns (Potter & Hepburn, 2003). DP can address issues of social injustice such as stereotypes because it studies both everyday and institutional interaction (Augoustinos & Walker, 1998). In the Hepburn and Potter (2007) child protection helpline study, child protection officers found callers who were crying difficult to manage. The difficulty was in getting sufficient evidence to ensure a referral could be made because the evidence could only be collected if the caller stayed on the line, and this was only possible if a supportive environment was created. The study identified different types of crying to allow the child protection officers to best manage the calls. Through looking at institutional practices important insights into interaction can help develop recommendations for future practice. The research findings from studies, including this study, contribute fresh insight into the everyday interactions in institutional

settings. In particular, this study has provided practical insight for trainers/coaches working with young people with ADHD and the way support/training group interactions are organized and managed. It is an important area of research because successful intervention depends on how safe the young person feels about sharing their experiences, and successful intervention can be the difference between changing a young persons' belief system not allowing them to become defined by their ADHD.

In looking back at the design of the study it is clear the analysis would have benefited from video recorded data of the training sessions. During the analysis process anomalies arose because people do not only communicate in interaction verbally. However, the lack of videoed data meant these non-verbal communications were not available. Within MCA it is argued that any analyst claims must be grounded in demonstrable features of members talk made up of the members own categories and not those enforced by the social scientist (Schegloff, 2007; Silverman, 1998). The study did not want to misrepresent some of the interactions so some conclusions were not included as they could not be drawn from the audio recordings alone, whereas video recorded data would have allowed such conclusions to be made. In future studies the recommendation would be to collect video recorded data to allow solid conclusions to be drawn from the data thus providing even greater insight into group interactions.

It was also apparent that research into young people's experiences of ADHD which focused on the positive aspects of living with ADHD was hard to find. Therefore, it is suggested that support group and training session interaction is a prime site for future research to gain rich understandings of the positive everyday experiences of living with ADHD. Such research is the way forward to ensure helpful knowledge about ADHD is also formed. This is truly needed if ADHD is not to be overshadowed by the behavioural problems which have been a major focus of past research.

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