



Do Labels Affect Teachers' Acceptability of Intervention for Children with ADHD?

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Abstract

Research on Attention-Deficit Hyperactivity Disorder (ADHD) continues to be an area of interest in education and psychology partly due to the increase of children diagnosed with ADHD each year (CDC, 2013). The focus of the present study was to examine how acceptable an evidence-based intervention is for children with ADHD versus children who possess similar behavior patterns but lack a diagnostic label. Specifically, this study looked at the impact the label of ADHD had on teachers' acceptability of an evidence-based intervention called the Daily Report Card. The prediction was that the label of "ADHD" would impact the acceptability of an evidence-based behavioral intervention. Participants were 45 pre-service general education college students from the University of Wisconsin-Eau Claire who were in their last four semesters of their education studies degree. Results indicated there was no significant difference in the acceptability of the evidence-based intervention called "Daily Report Card (DRC)" between conditions.

Introduction

For the past few decades, the research on children with attention-deficit hyperactivity disorder has increased significantly in popularity following the upward trend of children diagnosed with it. Due to this trend, teachers are likely to encounter children in their classroom who exhibit difficult behaviors associated with ADHD (Ohan, Cormier, Hepp, Visser, & Strain, 2008). In the past, research regarding ADHD in the classroom has often focused on teachers' perceptions and knowledge about ADHD but less can be found about acceptable interventions in the classroom for these students. An important question to investigate regarding ADHD is if a child's diagnostic label impacts the acceptability of an intervention in the classroom. Commonly, behavioral interventions tend to be the most acceptable way to help children with ADHD (DuPaul, Weyandt, & Janusis, 2011). If a teacher finds an intervention acceptable, it could mean they are more likely to implement that intervention in their classroom when working with a child who has a difficult set of behaviors. If an intervention is suitable in a classroom setting, poses little risk, and requires little teacher time, the intervention is typically deemed acceptable (Witt & Martens, 1983). But could acceptability be influenced by a child's diagnostic label? Research is split on this issue. Cornett-Ruiz and Hendricks (1993) conducted research on the diagnostic label of ADHD and found that behaviors were more influential than a child's label. Ohan, Visser, Strain, and Allen (2011) reported that the label of ADHD impacted teachers perception of a child.

Method

Participants. Forty-five pre-service general education college students participated in the study from the University of Wisconsin-Eau Claire. They were all in their last 4 semesters of their degree. The primary investigator visited classrooms of the perspective participants.

Survey. Surveys involved 4 different parts: demographic information, vignette, description of an evidence-based intervention called "Daily Report Card (DRC)," and survey items about the vignette they just read using the Intervention Rating Profile for Teachers (IRP).

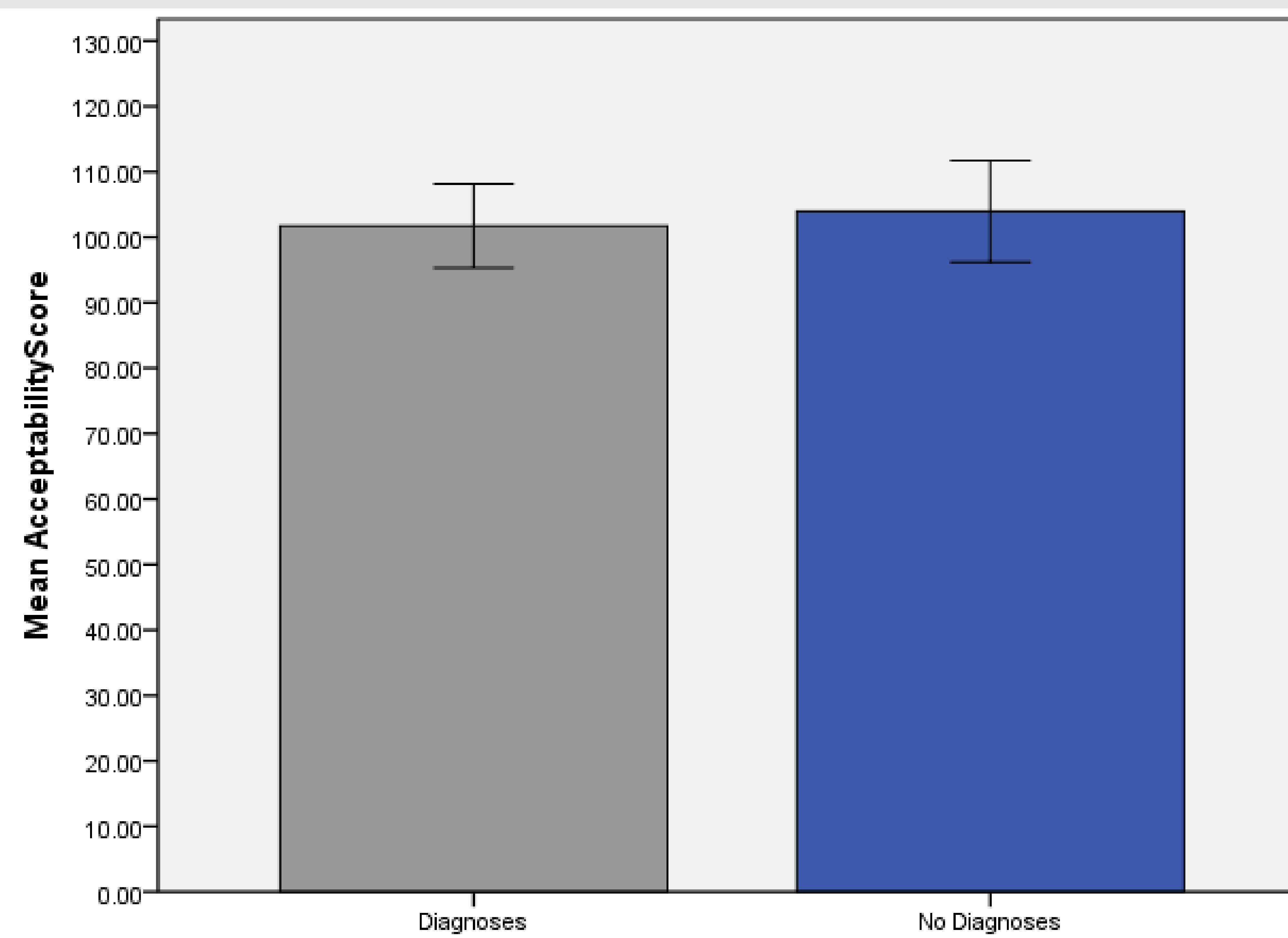
- Vignettes: DSM-5 Criteria for combined presentation of ADHD. Vignettes were developed to replicate Ohan et al. (2011) in their study on teachers' and education students' perceptions of an reactions to children with and without the diagnostic label "ADHD"-the only difference was the DSM-5 criteria was used versus DSM-IV. Vignettes were identical with the only difference being one sentence about the diagnoses of ADHD or nothing about a diagnosis. Label/diagnosis was placed as last sentence of vignette.
- Daily Report Card briefly defined after the presentation of the vignette within the survey. The DRC is a common, evidence-based behavioral intervention in the literature that has been shown to have adequate acceptability (Power, Hess, & Bennett, 1995; Pisecco, Huzinec, & Curtis 2011). DRC's have clearly defined behaviors that are put together as appropriate targets for individuals or groups. DRC's are a way to communicate between school and home about a student which provides opportunity for positive feedback from both teachers and parents.

Procedure.

- Primary investigator distributed the surveys in students classroom at the beginning of one of their class periods after obtaining permission from their professor.
- Participants were randomly assigned conditions to one of two conditions (Presence of diagnoses of ADHD vs. Absence of diagnoses of ADHD)

Measures.

- *Independent variable:* Presence of or absence of diagnosis of ADHD within a vignette
- *Dependent variable:* Intervention acceptability rating through the use of the IRP



Error Bars: 95% CI

Results/Discussion

An independent samples *t* test was performed to assess whether mean acceptability scores differed significantly for a group of 22 participants who were exposed to a diagnostic label of ADHD within a vignette compared with a group of 23 participants who were not exposed to a diagnostic label of ADHD. The mean acceptability scores did not differ significantly, $t(43) = -4.57, p = .705$, two-tailed. Mean acceptability score for the diagnostic label group ($M = 101.73, SD = 14.48$) was two points lower than the mean acceptability score for the no diagnostic label group ($M = 103.95, SD = 17.97$).

Overall, there was not a significant difference in intervention acceptability between conditions based on the presence or absence of a diagnostic label of ADHD. The DRC was rated to be an acceptable intervention for the child in the vignette, regardless of the condition. The acceptability of the DRC was good for both conditions, suggesting that the DRC is considered to be an acceptable intervention and would be a good intervention for any child who exhibits behaviors similar to the child in the vignette, regardless of label.

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