Teachers’ Perceptions of Children With ADHD Label and Stimulant Medication

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Abstract:
Attention-deficit/hyperactivity disorder (ADHD) is highly prevalent in today’s schools and a single label can influence both teachers’ perceptions and reactions. The current study examined how an ADHD label and use/non-use of stimulant medication impacted teachers’ perceptions of the severity of a child’s behaviors, their emotional and behavioral reactions to the child, as well as their willingness to aid in treatment. Implications for school psychology practice as well as addressing labeling biases in schools are discussed.

Introduction

**Study purpose:**
- Examine whether teacher perceptions are influenced by the presence of a label of ADHD and/or presence of stimulant medication.
- Examine teachers years of experience in order to assess if novice or veteran teachers are more likely to show labeling bias.
- To identify why teachers are more or less willing to help a student with ADHD and where they feel additional training is needed.

**Method**

Participants:
- 23-in-service, core Elementary School teachers (1 male, 22 females) from rural and Suburban Midwestern districts.
- Mean Age = 46.17, range of 25-58.
- All reported Caucasian ethnicity.

Procedure:
- Computer-based questionnaire (link sent through email).
- Read 1 of 4 short vignettes about an elementary boy with behavioral symptoms meeting DSM-IV criteria for ADHD-Combined Type.
- Vignettes reflected four different conditions:
  - No label or Medication.
  - ADHD Label + Stimulant Medication.
  - ADHD Label + No Medication.
  - No Label or Medication.

Then completed an 11-item questionnaire assessing the four main outcome areas of:
- Teachers’ Evaluation of Seriousness of Social/Behavioral Problems.
- Willingness to Aid in Treatment.
- Emotional Reactions to the Child.
- Behaviors Towards the Child.

**Vignettes and Questionnaire modified from Ohan et al., 2001.**

**Results: Analysis of Variance**

- Four separate 4 (vignette condition) x 2 (yrs. teaching) Analysis of Variance (ANOVA) analyses were conducted.
- A median split formed 2 groups (novice vs. veteran teachers) based on the number of years they’ve been teaching.
  - 20 years or less = 19
  - 21 or more = 13
- Evaluations of Social/Behavioral Problems:
  - No main effect for vignet (F(3, 140) = .256, p = .866)
  - No main effect for yrs. teaching (F(1, 140) = .066, p = .800)
  - No interaction (F(3, 140) = .534, p = .866)

- Willingness to Aid in Treatment:
  - No main effect for vignet (F(3, 151) = .134, p = .939)
  - No main effect for yrs. teaching (F(1, 151) = .052, p = .822)
  - No interaction (F(3, 151) = .221, p = .860)

- Emotional Reactions to Child:
  - No main effect for vignet (F(3, 151) = 1.276, p = .318)
  - No main effect for yrs. teaching (F(1, 151) = .044, p = .829)
  - No interaction (F(3, 151) = .184, p = .905)

**Behavior Towards Child**

- No main effect for vignet (F(3, 151) = .755, p = .537)
- No interaction (F(3, 151) = .381, p = .768)

**Yrs. Teaching:**
- F(1, 151) = 5.516, p = .010, indicating that novice teachers would be more likely to take time and intervene.
- [M = 9.8, SD = .789] than veteran teachers (M = 11.08, SD = 1.071).

**Discussion**

**With respect to the quantitative results, it is hypothesized that had there been more participants, significance may have been found especially in the IV of behavior towards child.**

**This shows that labeling bias can still be occurring in schools.**

Qualitatively:
- Parent support emerged as the number one reason why a teacher would be more or less likely to help a child with ADHD.
- The second highest influence in both responses discussed the amount of administration support and in-school resources.

- This implies that if we strengthen either or both of these top variables, we can help support our teachers more effectively to work with this population of children with ADHD.
- *When asked about specific training, the following data was obtained:* 

**Results: Qualitative Findings**

- Please describe what increases your willingness to help a child with ADHD?
- Parent support, development of administration/teachers, early age of student, best of behaviors (obedience, child is willing to try, child strives to work, child struggles when disrupted in others).
- Parent support, development of administration/teachers, early age of student, best of behaviors (obedience, child is willing to try, child strives to work, child struggles when disrupted in others).

- Please describe what decreases your willingness to help a child with ADHD?
- Lack of parent support, lack of administration/resources, child isn’t willing to try, nothing/just not as disruptive.

References:

More research is needed to see how labeling bias is occurring in the schools within the increasing ADHD population and increased use of medication as a treatment.