

# Treatment Acceptability for ADHD: The Increasing Role of Teachers

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## Abstract

To obtain an accurate indication of the acceptability of school-based interventions for ADHD, surveys were collected from a national sample of general classroom educators. Results indicated that teacher beliefs regarding treatment, treatment order, recommendations made to parents, and amount of information received regarding ADHD differed significantly across elementary and middle school settings. No differences were found across geographic regions. In general, teachers reported classroom behavioral modification, or the combination of behavior modification and medication to be more helpful than medication alone, and were more likely to attempt behavior modification techniques before other interventions. Future, intervention approaches should reflect a consideration of teacher attitudes and treatment acceptability.

## Introduction

•Attention-deficit hyperactivity disorder (ADHD) is a chronic childhood disorder that affects 3-5% of the school-age population.

•The cost of providing education for children with ADHD is substantially greater than the cost for typical students, with conservative estimates numbering in the billions of dollars per year (Forness & Kavale, 2002). Most of the cost is contributed to time in which the teacher devotes to managing ADHD (ie. parent meetings and lost instructional time).

•Students diagnosed with ADHD spend the majority of their time in general education classroom settings (Schoenes, Reid, Wagner, & Marder, 2006). 29.2% of children, ages 5-17 years, treated for ADHD received special education or related services (Olson, Gameroft, Marcus, Jensen, 2003).

•Effective treatments for ADHD include behavior modification, stimulant medication, and the combination of behavioral and pharmacological interventions (DuPaul & Stoner, 2003; Pelham & Murphy, 1986; Pelham, Wheeler, & Chronis, 1998; Swanson, McBurnett, Christian, & Wigal, 1995). Yet, little is known about the sequence or perceived effectiveness of these treatments in the classroom.

•Currently, the approach to school-based interventions in school psychology, including those for ADHD, has shifted in focus to student responsiveness to intervention (Tilly, 2002). This approach relies heavily on classroom teachers to identify problem behavior, implement empirically based interventions, and monitor student responsiveness through direct measures of relevant behavior.

•However, the extent of information teachers have regarding ADHD and empirically based treatments is currently understudied (Bussing, Gary, Leon, Garven, & Reid, 2002).

## Method

**Participants and Project Design:** A national survey was conducted that included responses from teachers in 26 states across America. Surveys were mailed to schools within a randomly selected county in the 26 states (with the qualification that the county needed to include at least one city with a population of 100,000 or more people). Teachers were asked a number of questions related to school-based treatment for ADHD. It was predicted that teachers who had more knowledge of ADHD would rate behavior modification techniques as the most acceptable treatment approach, recommend behavioral modification procedures to parents, and implement behavioral modification methods before exploring medication options.

**Measures:** Teachers completed two checklists of behavioral interventions that might be implemented in the classroom (e.g., time out, ignoring minor inappropriate behaviors). On the first checklist, they were asked to complete a 1-5 Likert Rate Scale regarding their use and the perceived effectiveness of behavioral interventions in their classroom in general. For the second checklist, they were instructed to choose the first child on their alphabetical class list who was identified with ADHD and to report on their use and the effectiveness of behavioral interventions with that child. Findings concluded in this presentation are results from a larger study.

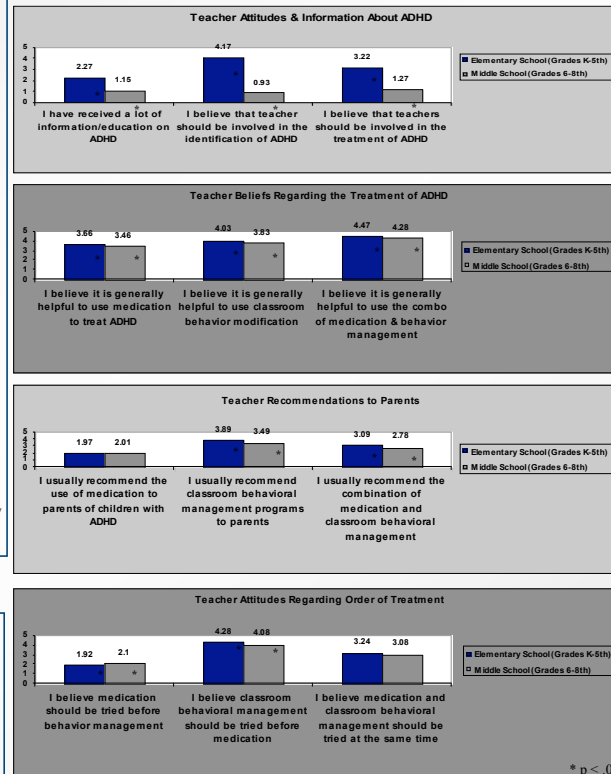
**Response Rate:** A survey was mailed to 631 schools and 245 responded, yielding an overall response rate of 38.8%. In all, 1096 surveys were returned (on average, 30% of schools from each site responded). Of the 986 valid surveys, 682 teachers reported having a child identified with ADHD in the classroom. Schools that responded did not differ from non-responders on any demographic variables.

## Results

The modal number of hours for ADHD training was zero, resulting in a lack of variability among teachers. Therefore, we were unable to examine the relationship with outcome.

Other results indicated that teacher beliefs regarding treatment, order of treatment, recommendations made to parents, and amount of information received regarding ADHD differed significantly across elementary and middle school settings. No differences were found across geographic regions. In general, teachers reported classroom behavioral modification, or the combination of behavior modification and medication to be more helpful than medication alone, and were more likely to recommend behavior modification techniques to parents and more likely to attempt behavior modification techniques before other interventions.

Figure 1 – Figure 4. Summary of teacher survey results by School Type (N=966)



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For more information on the Center for Children and Families work with children with ADHD, please visit our website at: <http://www.smb.sbu.edu/CENTERS/adhd/default.php>

## Outcome

•Classroom teachers are expected to play a vital role in the identification, diagnosis, and implementation of interventions to address ADHD, as the approach to school based interventions has shifted to student responsiveness to intervention.

•As this shift occurs, school psychologists must rely on teachers more than ever before in their work with children with ADHD (Reschly & Ysseldyke, 2002).

•The results of this survey indicate that a vast majority of teachers strongly endorse the belief that teachers should be involved in the identification and diagnosis of ADHD, as well as the treatment of ADHD.

•However, results of this survey indicate that teachers differ significantly between elementary school and middle school settings. Previous research suggests that limited number of settings, limited amount of time, and an increased number of students decreases the concern of secondary teachers (Evans, Allen, Moore, & Strauss, 2005).

•Further results specify that the vast majority of teachers endorse using some form of behavior modification procedures in their general classroom, and these rates are comparable when the teachers are asked about their use of the same procedures for children identified with ADHD in their classroom.

•Because teachers indicate preference for behavioral interventions over medication strategies, classroom intervention approaches should reflect these teacher attitudes and treatment acceptability.

•The modal number of ADHD training hours was zero, indicating that teachers are not receiving ADHD-related training.

•This is consistent with the work of Bussing et al. (2002), suggesting that 94% of teachers surveyed wanted more ADHD training.

•As a result, administration and school psychologists may need to conduct training addressing empirically based interventions for ADHD, given that teachers currently receive minimal instruction.

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