Misperceptions of ADHD & Benefits of Inclusive Classroom Training

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Introduction

The question of whether attention-deficit/hyperactivity disorder (ADHD) is over-diagnosed in adolescents has been a recent topic of research. Through research studies, a trend for potential over-diagnosis has been found. Misdiagnosis and over-diagnosis mainly occur due to societal norms clouding perceptions of the disorder. (Bruchmüller et al., 2012)

Classroom inclusivity is an area that could potentially improve misdiagnosis and over-diagnosis of ADHD. Inclusive classroom training can spread both awareness and understanding about the disorder, ultimately reducing misconceptions about ADHD.

The present study explored several hypotheses:

Hypothesis 1: Students' perception of their ADHD knowledge is not correlated with their actual knowledge of ADHD.

Hypothesis 2: Pre-service teachers will more accurately refer students who display ADHD than the general population of student participants.

Hypothesis 3: Students with more inclusive classroom training will more accurately refer students who display ADHD.

Methodology

Participants

The current study utilized a sample of 29 Dominican University of CA students. The composition of the sample was 96.6% women and 3.4% men with a mean age of 21 years old. Out of the sample, 10.3% of participants were masters students and 20.6% of participants identified themselves as Liberal Studies or Education students.

Procedures

The survey assessment sent to participants via email included questions about ADHD, two brief vignettes with following questions, and short demographic questions

1. Participants were prompted to complete the 33-question survey assessment (KADD-Q) and to answer each question with a "True", "False", or "Don't Know" answer.

2. Participants were given instructions on the *DSM-V* criteria vignettes. They were to imagine that the descriptions of hypothetical students in the two vignettes were their students. After reading each vignette, participants answered five questions pertaining to the child described.

3. Participants were asked a set of seven demographic questions and thanked for their time upon completion.

Methodology

Measures

- **Knowledge About Attention Deficit Disorder Questionnaire (KADD-Q).** A 33-item questionnaire that assesses participants' actual knowledge of ADHD by their responses which were later scored as correct or incorrect. (Anderson et al., 2012).

- **DSM-V Criteria Vignettes.** Two brief vignettes of hypothetical students with inattentive, hyperactive, and/or defiant behaviors. One vignette described a child who met the *DSM-V* criteria for ADHD while the other did not. Participants were to imagine they were the child's teacher. Questions were asked following and later scored based on ADHD referral of the student. (Ohan et al., 2013).

- **Demographic Questions.** A 7-item set of questions, with one fill in the blank and six multiple choice. The first four questions pertained to personal demographics, while questions five through seven pertained to ADHD and inclusive classroom training knowledge. The three questions on ADHD measure participants' previous knowledge of ADHD and inclusive classroom training as well as their perceived knowledge of the disorder.

Results

- **Hypothesis 1:** In comparing the mean scores between number of correct KADD-Q responses and information known about ADHD, a **weak, non-significant** negative correlation was found ($rho(27) = -.311$, $p > .05$). *Figure 1.*

- **Hypothesis 2:** In comparing the mean scores between pre-service teachers' accurate referral of ADHD and non-pre-service teachers' accurate referral of ADHD, **no significant difference** was found ($t(26) = 0.487$, $p > .05$). *Figure 2.*

- **Hypothesis 3:** In comparing the mean scores between accurate referral of ADHD and amount of courses taken addressing inclusive classroom training, a **weak, non-significant** correlation was found ($rho(27) = .003$, $p > .05$). *Figure 3.*
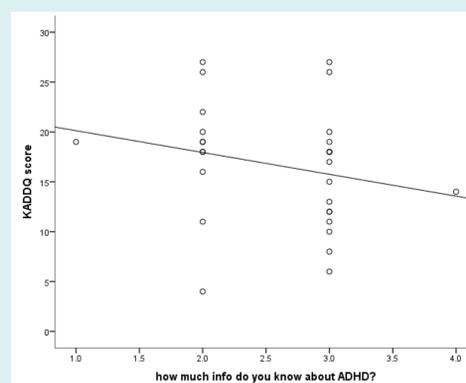
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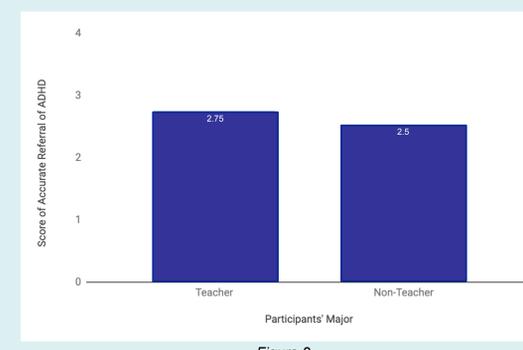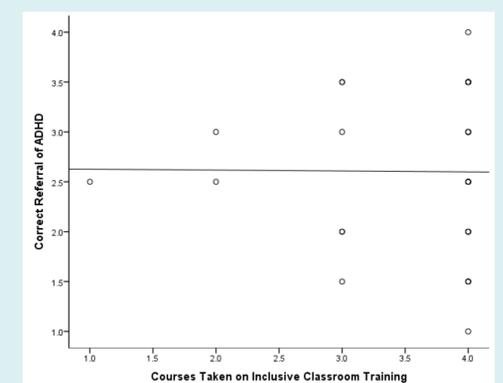
The goal of this study was to analyze the differences between actual and perceived knowledge of ADHD, as well as analyze the benefits of inclusive classroom training when referring a student displaying symptoms of ADHD. Results suggest that;

1. There is no correlation between student participants' perceptions of their ADHD knowledge and their actual knowledge of ADHD.

2. Pre-service teachers do not more accurately refer students who display ADHD symptoms than the general population of student participants.

3. More inclusive classroom training does not correlate with more accurate referrals of students who display ADHD symptoms.

The first finding supports previous research that even among people who self-report familiarity with ADHD, misperceptions are still common (Bussing et al., 2012).

Limitations:

- Not enough participants were pre-service teachers, the majority were of other majors (6:28).

- There is a very limited amount of inclusive classroom training techniques taught in courses at Dominican University of California and the new curriculum including more training techniques will not be introduced until next school year.

- The *DSM-V* vignettes, used in previous research, described two students with very opposite symptoms, making it fairly easy to distinguish which child was displaying symptoms of ADHD.

Future studies could:

- Analyze the difference between ADHD knowledge of teaching students and ADHD knowledge of graduated teaching students that have been teaching in schools.

- Compare each domain of the KADD-Q (causes, characteristics, and treatment of ADHD) to accuracy of referral of a student displaying symptoms of ADHD.

Figure 1

Figure 2

Figure 3