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Impact of Stigma on Students with Attention-Deficit/Hyperactivity Disorder: Implications for School-Based Occupational Therapists

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BACKGROUND & PURPOSE

Background

- The American Psychiatric Association (APA, 2013) identifies ADHD at the rate of 1 in 10 children and as the most frequently diagnosed psychiatric disorder in individuals 18 years of age and younger.
- The symptoms of ADHD, including impulsive/hyperactive, inattentive/distractable, or a combination, can lead to bias and stigma towards individuals with this diagnosis.
- Bias is when a person considers a negative impression of a group of people in comparison to another group
- Explicit bias is when an individual is aware of their bias and then makes choices about their bias.
- Implicit bias occurs unconsciously and does not require that the person endorse or even pay attention to this bias.
- Stigma is holding a negative and often inaccurate belief about a person or group.
- Individuals with ADHD experience stigma and bias.
- Students with ADHD experience an increased likelihood of needing special education, behavioral problems that lead to suspension and expulsion, academic underachievement including poor grades, poor reading and mathematics test scores, increased likelihood of repeating a grade, more likely to need counseling, significantly less likely to attend college, and to have cognitive deficits.

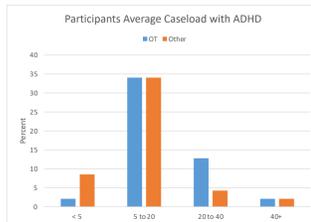
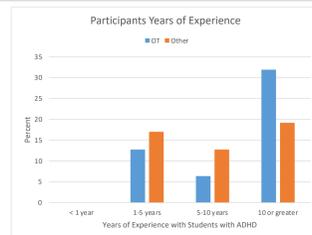
Purpose

- Occupational therapists are not exempt from being influenced by personal and professional biases. Increasing bias recognition toward students with Attention-deficit/hyperactivity disorder (ADHD) is a step toward assumption awareness and its impact on clinical decisions and interactions in occupational therapy (AOTA, 2020a).
- Stigma and implicit bias may prevent access to support within the school setting, including occupational therapy. By identifying stigma and implicit bias professionals can advocate for students with ADHD as well as advocate for occupational therapy.
- Advocacy and education are critical for parents and teachers toward promoting occupational therapy services for students with ADHD as well as educating occupational therapists on the critical role they can serve for students with ADHD.

DEMOGRAPHIC AND ADHD STIGMA QUESTIONNAIRE RESULTS

PARTICIPANT YEARS OF REPORTED EXPERIENCE BASED ON PROFESSION

A greater percentage of occupational therapists (31.9%) reporting 10+ years of experience working with students with ADHD compared to other school professionals (19.1%).



DEPICTING PARTICIPANT REPORTED AVERAGE ADHD CASELOAD BASED ON PROFESSION

The majority of both groups, (34%) expressed having between 5-20 students with ADHD on their caseload.

DEMOGRAPHIC QUESTION PERSONAL EXPERIENCE AND ASQ RESULTS

Individuals who knew an individual with ADHD outside of the work environment reported higher scores of ADHD stigma regarding public attitudes towards individuals with ADHD. * $p < .05$, ^ $p < .07$

	Personal Experience ADHD	No Personal Experience ADHD	F Statistic
ASQ-Disclosure	2.75 (.54)	2.56 (.43)	1.68
ASQ-Self-Image	2.87 (.55)	2.65 (.46)	2.16
ASQ-Public	2.51 (.53)	2.21 (.40)	4.44*
Attitudes			
ASQ-Total	2.66 (.49)	2.40 (.38)	3.62^

DEMOGRAPHIC QUESTION PERSONAL EXPERIENCE

There was marginal significance (.051) that Other-School Professionals are more likely to know someone with ADHD outside of their professional capacity. Other school professionals (36.17%) reported having experience with children with ADHD outside of their professional capacity more than occupational therapists (23.40%)

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.961	1	0.961	4.01	0.051
Within Groups	10.784	45	0.24		
Total	11.745	46			

ADHD STIGMA QUESTIONNAIRE (ASQ) RESULTS

Occupational Therapists reported significantly lower levels of stigma compared to Other-School Professionals on the ASQ subscale of Self-Image, Public Attitudes, and the Total Score

	Sum of Squares	df	Mean Square	F	Sig.
Disclosure					
Between Groups	0.205	1	0.205	0.797	0.377
Within Groups	11.547	45	0.257		
Total	11.752	46			
Self-Image					
Between Groups	2.552	1	2.552	11.424	0.002
Within Groups	10.054	45	0.223		
Total	12.606	46			
Public Attitudes					
Between Groups	1.939	1	1.939	9.038	0.004
Within Groups	9.656	45	0.215		
Total	11.596	46			
Total ASQ					
Between Groups	1.408	1	1.408	7.418	0.009
Within Groups	8.544	45	0.19		
Total	9.952	46			

RECOMMENDATIONS

SUPPORTING STUDENTS WITH ADHD

- Occupational Therapists can utilize theoretical frameworks that support successful occupational performance in context, such as Ayre's Sensory Integration, and Social Cognitive Theory when working with students with ADHD.
- Providing occupational therapy to students with ADHD promote best practices in teaching and learning under the Individuals with Disabilities Education Act (IDEA). These supports include advocating and developing universal design principles and multiple tiers of student support (MTSS).
- Advocacy and education are critical for parents and teachers toward promoting occupational therapy services for students with ADHD as well as educating occupational therapists on the critical role they can serve for this population.
- Occupational therapists can use therapeutic use of self to build positive relationships with students with ADHD, in turn increasing motivation and positive self-image.
- By collaborating with other professionals, there is a greater ability to facilitate overall well-being and reduce disparities in the school setting. Education and collaboration with teaching teams is part of the current best practice techniques for delivering interventions.

ADDRESSING BIAS AND STIGMA

- Occupational Therapists can utilize theoretical frameworks that support stigma and bias reduction, such as The Six-Point Actionable Framework.
- Occupational therapists can use occupational justice to advocate and reduce biases. This can help a practitioner improve practices of the therapeutic use of self, recognize professional biases, as well client biases that impact access to occupational satisfaction.
- Occupational Therapists can be key advocates for students with ADHD given their reported lower levels of stigma on the ASQ and lower response to implicit bias assessments such as this ADHD-IRAP.
- Other-School Professionals can be key advocates for student with ADHD given their reported experience with this population on a personal level.
- All School Professionals can reflect and actively engage in recognizing personal biases and stigma in regards to how it may impact service delivery, educational, and health outcomes.

METHODS

Participants

- Participants were recruited through physical and online advertisement flyers. This format allowed for recruitment to occur through online platforms such as community messaging boards such as LinkedIn and professional affiliations such as The American Occupational Therapy Association's CommunOT.
- 24 Occupational Therapists and 23 Other-School Professionals, for a total of 47 participants completed the online demographic questions and ADHD Stigma Questionnaire (ASQ).
- From this pool of participants, 28 participants completed the ADHD-IRAP. Final data for the ADHD-IRAP used 22 participants (11 Occupational Therapists and 11 Other-School Professionals) following exclusion criteria.

Instruments

- Demographic questions were related to the identification of professional roles, the number of years of experience working with students with ADHD, the average number of students on their caseload with ADHD in a typical year, and if participants had experience with children with ADHD outside of their professional capacity.
- ADHD Stigma Questionnaire (Kellison et al., 2010): a 26-item survey adapted from the human immunodeficiency virus (HIV) Stigma Scale. The ASQ includes Disclosure concerns (i.e. "People with ADHD work hard to keep it a secret"), negative Self-Image (i.e. "People with ADHD feel guilty about it"), and concern for Public Attitudes (i.e. "most people are uncomfortable around someone with ADHD").
- The ADHD Implicit Relational Assessment Procedure (ADHD-IRAP) was developed following a review of nine articles related to stigma or bias towards individuals with ADHD. Words describing ADHD Bad and Normal Good, Treatment Medication and Treatment Other, and Home Environment Good and Home Environment Bad, were found and counted for frequency and relevance to each group. Participants were asked to respond to four blocks as either pre-assigned as True or False: ADHD Negative, ADHD Positive, Normal Negative, and Normal Positive.

THEORETICAL FOUNDATIONS

Ayres' Sensory Integration (ASI) framework – ADHD Intervention

- Responses to the environment can include hyper, hypo, and typical responses which impact inhibitory control and dysregulation within different environments and environmental experiences.
- Looking through the theory of ASI allows others to understand how individuals with ADHD may experience differences within an environment and context and require a therapeutic change to engage in typical developmental tasks, such as attending school.
- Sensory strategies within this framework can be used as successful interventions to mitigate symptoms of ADHD such as hyperactivity or inattention.

Social Cognitive Theory – Stigma Recognition and ADHD Intervention

- Social Cognitive Theory concepts of personal agency and interpersonal agency (support from others) impact students with ADHD, supporting greater academic achievement is associated with self-efficacy and interpersonal agency (Martin et al., 2017).
- With conscious effort, people can refrain from using bias to categorize an individual, and rather reflect on an individual's traits.
- Encompassing all occupations within the Occupational Therapy Practice Framework.
- Self-awareness is important in that implicit bias does not require an individual's attention or endorsement which makes it challenging to understand when it can be activated and when it is being used.

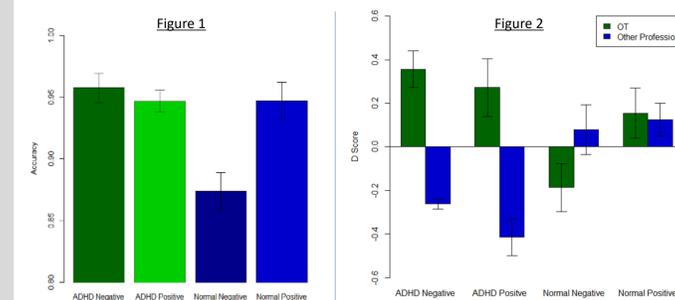
Six-point Actionable Framework – Bias and Stigma Recognition

- The principles provided in this framework support for understanding the context of bias, including positive and negative bias, and the cognitive and neuropsychology of bias.
- It is assumed that bias is natural, and self-awareness and self-reflection are helpful toward bias change.
- This framework, while designed to address healthcare education, applies to school needs for 18 and younger education, in that both settings include teachers, learners, and meeting the needs of individuals with disabilities.

ADHD-IRAP RESULTS

ADHD-IRAP RESULTS ALL PARTICIPANTS – Figure 1

- Participants produced significantly more errors responding to Normal-Negative than all other stimulus groups $F(3, 63) = 17.91, p < .001$.



ADHD-IRAP RESULTS BY PROFESSION – Figure 2

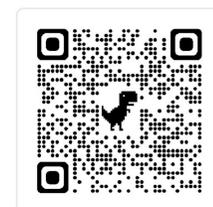
- Occupational Therapists demonstrated a slight tendency to respond FALSE faster than TRUE on ADHD-Negative trials and to respond TRUE faster than FALSE on ADHD-Positive trials.
- Other-School Professionals showed a slight tendency to respond TRUE faster than FALSE on ADHD-Negative trials and to respond FALSE faster than TRUE on ADHD-Positive trials.
- Both groups showed the anticipated positive bias for normally developing children with a bias towards responding TRUE faster than FALSE on Normal-Positive trials.

IMPLICATIONS

- Occupational Therapists report lower levels of stigma on the ASQ and their unconscious reactions on the ADHD-IRAP are similar.
- Other school professionals report greater levels of stigma on the ASQ and their unconscious reactions on the ADHD-IRAP, are similar.
- Occupational Therapists can be key advocates for students with ADHD given their reported lower levels of stigma.
- Other-School Professional reported higher stigma and biases toward students with ADHD and were more likely to know someone with the diagnosis personally.
- Occupational Therapists may be unaware of the stigma this population faces, limiting the social understanding of this populations educational and health disparities.
- Knowing someone personally with ADHD may increase awareness to stigmatizing attitudes and experiences of this population.
- Knowing someone personally with ADHD may increase bias and stigma, impacting opportunities for positive school experiences and supports.

REFERENCES

Please see my references, attached in the below QR code and/or Hyperlink Below



McReynolds.Sidney.Poster.References