

A Survey of Rural Teachers Knowledge on Diagnosis and Treatment Options of ADHD



RMED COPC Project
Dixon, IL



Introduction

- Attention Deficit/Hyperactivity Disorder (ADHD) is a disorder which affects 5-10% of school aged children.
- The DSM-IV defines ADHD as a composite disorder that includes two major syndromes, inattention and hyperactivity-impulsivity. The symptoms must begin before the age of 7 years old and must cause some impairments in two or more separate settings.
 - There are 9 symptoms each for inattention and hyperactive-impulsive type and an individual must demonstrate at least 6 of 9 in either category for a period or at least 6 months.
 - When children fulfill both inattentive and hyperactive, they are considered combined type.
- ADHD is a special disorder in that the patient's physician must rely on input from outside sources for diagnosis and effectiveness of treatment.
- Parents, or primary caregivers, and teachers are the most important resources these physicians must use, therefore a good foundation of knowledge about ADHD is necessary to facilitate diagnosis and most importantly treatment.
- Teachers must be fully versed in not only signs and symptoms but also must have a good understanding of the treatment options available.
- In a rural community the communication between physician and teacher is even more important because of the possibility in limited resources to help these children with ADHD. The medical management must be optimized along with any available resources.



Purpose and Hypothesis

- The purpose of this study was to evaluate the basic knowledge of rural community teachers on the diagnosis and treatment of ADHD.
- It is expected these teachers will demonstrate a basic understanding of the diagnosis and treatment options available for ADHD.



Methods

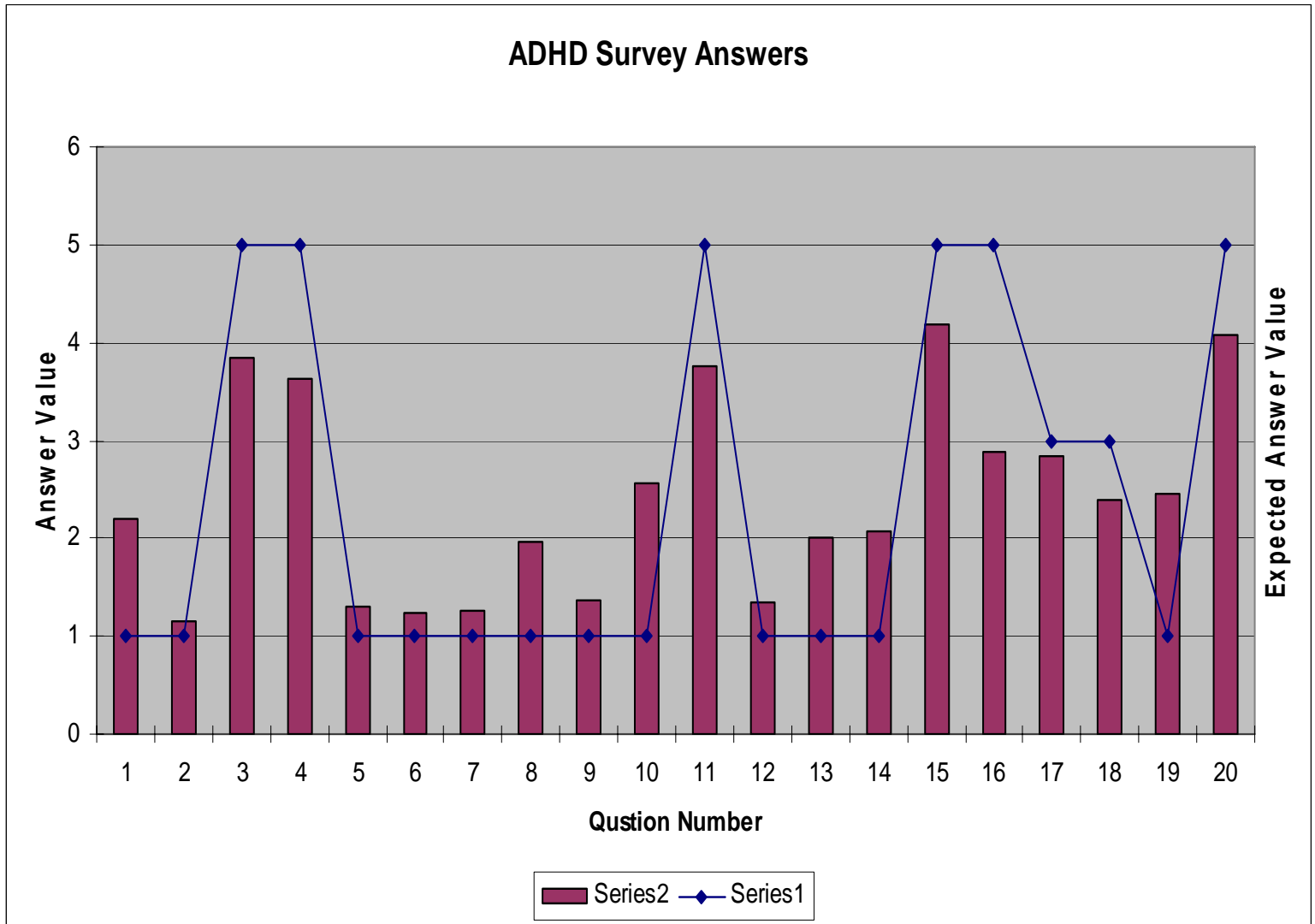
- A survey was designed, approved by IRB, and distributed to teachers of grades 1-6 in Dixon, IL.
- A database of teachers, along with approval for the study, was obtained through the Dixon School District Superintendent Office.
- The survey consisted of 20 agree/disagree types questions and 5 fill-in-the-blank questions.
- The 20 agree/disagree questions were graded on a scale with 1 being completely disagree and 5 being completely agree.
- Answers to each question were recorded and average and standard deviation calculated.



Results

- 60 surveys were distributed with 26 completed and returned.
- Every grade level was represented from 1 through 6.
- 21 of the 26 (80.7%) respondents had masters degrees.
- The self reported number of children taught with ADHD was 0-100 with 16 of 26 responding to that question.
- As stated above, answers for each question were recorded and averages are presented in the next chart.
- Expected answers also appear on the chart for comparison.

Table of Average Answers





Results

- When asked what percent of school aged children have ADHD on 42.3% of respondents were able to answer 5-10% correctly.
- 61.5% correctly identified that ADHD must begin before age 3.
- 23.1% were able to identify the three types of ADHD.
- When asked to identify criteria for diagnosing ADHD, only 19 of the 26 respondents attempted to answer
- The average number of correctly identify criteria was 6.11.
- The final question asked whether an educational session about ADHD would be helpful and all but 2 answered yes.



Discussion

- Though the number of completed surveys was not as high as expected, the surveys that were completed demonstrated the teachers in this rural community were educated on the topic of ADHD.
- As can be seen from the graph, the average answers were fairly congruent to expected answers.
- Although the multiple choice part of this survey did demonstrate a basic understanding of ADHD by the respondents, the low number of criteria identified demonstrates a need for more ADHD education.
- All but 2 of the respondents thought an educational session on ADHD would be helpful, which shows they are willing to learn about this difficult topic.