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Do Labels Matter? Pre-service Teachers' Acceptability of the Daily Report Card for
Students With and Without Attention Deficit/Hyperactivity Disorder

By

Sara R. Huhnstock

A Thesis Submitted in
Partial Fulfillment of the
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The members of the Committee approve the thesis of

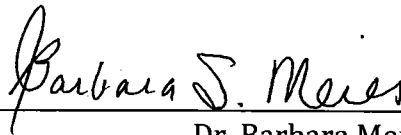
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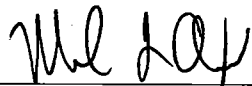
Do Labels Matter? Pre-service Teachers' Acceptability of the Daily Report Card for
Students with and without Attention Deficit/Hyperactivity Disorder

By

Sara R. Huhnstock

The University of Wisconsin-Eau Claire, 2019
Under the Supervision of Dr. Michael Axelrod

This study examined teacher acceptability of an evidence-based intervention (Daily Report Card; DRC) based on the presence or absence of the label of Attention Deficit/Hyperactivity Disorder within a vignette describing a student with the same description of behaviors. Participants included pre-service teachers whose anticipated setting was elementary or secondary education. These participants read a vignette with an ADHD label present or absent and then provided ratings (IRP-20) that contributed to the acceptability of the DRC. The ADHD label had no difference on the acceptability of the DRC. However, there was a main effect of the anticipated setting (elementary, secondary) and the acceptability score of the DRC, where secondary pre-service teachers found the DRC to be a less acceptable intervention than elementary pre-service teachers. Overall, the study found the presence of an ADHD label did not have an impact on acceptability of the DRC intervention, and overall the DRC was an acceptable intervention to pre-service teachers except for secondary pre-service teachers when the label was absent.



Thesis Advisor (Signature)

4-19-19

Date

To my patient and supportive husband, I appreciate your daily support throughout this process. I couldn't have done it without you.

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Chapter 1. Introduction

Attention Deficit/Hyperactivity Disorder (ADHD) is a common child and adolescent disorder characterized by inattention, hyperactivity, and impulsivity. ADHD often begins in childhood and persists across the lifespan, with the core symptoms negatively impacting an individual's academic, occupational, and/or social functioning (CDC, 2018). In an educational context, the disorder can present differently across students, requiring teachers to identify skill deficits as well as provide appropriate support to students. With the differences in presentation and complexity of the disorder, choosing interventions may seem like a difficult task for teachers. Teachers may want to help but not know of specific interventions that may be most effective for individual students with ADHD. Moreover, teachers have varying perspectives regarding the acceptability of an intervention (Elliot, 2017). Teachers should not only have knowledge about the intervention but they should also believe that the intervention is worth implementing.

In schools, educators choose interventions they believe will be acceptable to address specific problems and improve students' ability to succeed in the classroom. For this reason, intervention acceptability has become an important topic over time. During the 1970s and 1980s, many subjective assessment instruments, like the Intervention Rating Profile (IRB) or Treatment Evaluation Inventory (TEI), were developed to assess and analyze intervention acceptability (Witt & Martens, 1983; Wolf, 1978). At that time, researchers were just beginning to investigate the social importance or acceptability of interventions. Social acceptability focuses, in part, on the practicality of the intervention by asking, "will this intervention be worth the effort?" Intervention acceptability also

considers the appropriateness of the procedure, taking into account factors such as ease of implementation and availability of resources to implement the intervention (Elliot, 2017). Finally, intervention acceptability often emphasizes the notion that the intervention yields practically significant results (e.g., lessens undesired behaviors, increases appropriate behaviors, minimizes student and teacher frustration).

Teachers' perceived acceptability of an intervention may be important to intervention implementation. Researchers have found that teachers typically agreed that an intervention's acceptability was influenced by key factors including time and ease of implementation. Elliot (2017) indicated that key phrases emerged on items of rating scales that measure acceptability (i.e., IRB or TEI) like "appropriateness," "reasonableness", and "fairness." Teachers often choose interventions and implement those interventions with more fidelity when they view interventions as appropriate, reasonable, and fair (Elliot, 1988).

Intervention acceptability can be a rather complicated construct, even though assessment instruments that have been developed (Elliot, 2017). For example, teachers' decisions about the selection of an intervention may be influenced by their perception of the child, adding another layer of consideration when selecting an intervention that is most appropriate for a student. Moreover, label bias, or someone's perception of a person with a particular label, may have certain unintended consequences. Teachers may lower their expectations or view a student with a label as performing different than other students (Fox & Stinnett, 1996; Harris, Milich, Corbitt, Hoover, & Brady, 1992). Examining the effects of labels on acceptability of interventions for students with or without labels or diagnoses may provide insight into not only label bias, but the

likelihood a student would be given an appropriate, evidence-based intervention based on that presence of a label. In schools, the label of “ADHD” is likely a diagnosis or label that is discussed frequently, so it might be especially important to think about school-based intervention for students with the label of ADHD.

The present study was an attempt to extend work done by Ohan, Visser, Strain, & Allen (2011) regarding labeling and its effects on teachers’ perceptions of ADHD. Rather than investigating teachers’ expectations of treatment effectiveness, emotional responses, and behavioral reactions regarding children with and without an ADHD label, the current study focused on the effect an ADHD label might have on the acceptability of an evidence-based intervention. The literature suggests that behavioral interventions implemented in the classroom can have a profound effect on the success of students with ADHD (DuPaul, Eckert, & Vilardo, 2012; Fabiano et. al, 2009; Reid et. al, 2005). However, evaluating the acceptability of an evidence-based intervention based on the presence or absence of a label may shed additional light on how teachers view interventions for students with ADHD. While there is research on the construct of social acceptability and the variables that contribute to an acceptable intervention (Witt & Martens, 1983), a gap exists in the research related to teachers’ perceptions of evidence-based interventions. Fortunately, there is an abundance of research on evidence-based interventions for students with ADHD (see DuPaul, Weyandt, & Janusis, 2011) but the impact of labels on teacher acceptability of evidence-based intervention is unclear. Cornett-Ruiz & Hendricks (1993) suggested that identified behaviors deemed problematic may be more influential than a label when considering how teachers possibly interact with students with ADHD. Ohan et al. (2011) found that teachers had different

perceptions of a child based on the label of ADHD. However, both Cornett-Ruiz & Hendricks (1993) and Ohan et al. (2011) did not comment on the acceptability of interventions in relation to labels. This is not surprising, as little is known about the role labels might have on teacher acceptability of behavioral interventions designed to address problems common to students with ADHD.

While there is not much research on teachers' perceptions of evidence-based interventions for students with ADHD, there is one study that examined teachers' acceptability of evidence-based interventions for children with ADHD (Girio & Owens, 2009). These researchers found that the Daily Report Card (DRC) was far more acceptable than the other interventions that were evaluated (i.e., peer tutoring or self-reinforcement, time-out, and stimulant medication). These results were not entirely surprising, as the DRC has been found to be a highly acceptable intervention (Pisecco, Huzinec, & Curtis, 2001; Power, Hess, & Bennett, 1995). The DRC's acceptability has also been well established, but not when considering the effects a label may have on teachers' acceptability (Girio & Owens, 2009). Previous research has only examined the presence of the label on teachers' acceptability, but has not considered the effect a label might have on the DRC's acceptability with teachers.

Using vignettes describing a student's problem behavior, the current study examined if the presence of an ADHD diagnosis influenced how acceptable a DRC intervention might be for a student in the context of a classroom setting. Specifically, the purpose was to investigate how the presence or absence of a label might impact pre-service teachers' acceptability of a commonly employed evidence-based intervention used for a student with ADHD. The current study also set out to examine differences in

intervention acceptability of the DRC across pre-service teachers enrolled in an elementary or secondary teacher education program. Notably, the study examined acceptability ratings of the evidenced-based intervention to determine whether differences existed between pre-service educators who were studying to be elementary school teachers or secondary school (i.e., middle and high school) teachers.

Chapter 2. Literature Review

Attention Deficit/Hyperactivity Disorder

ADHD is one of the most commonly discussed and researched childhood disorders. It has been a crucial area of research over the past few decades (Anderson, Watt, Noble & Shanley, 2012). ADHD is defined in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM5; American Psychiatric Association [APA], 2013)* as a persistent condition involving problems with inattention, hyperactivity, and/or impulsivity. ADHD can likely negatively impact the person in more than one environment (e.g., home, school, community). A child with ADHD typically exhibits behaviors that are disruptive to themselves and/or others and that impair performance at school, home, and in the community (APA, 2013). According to the *DSM-5*, there are three types of ADHD that a child or adult can be diagnosed with: ADHD-Predominantly Inattentive Type, ADHD-Predominantly Hyperactive/Impulsive Type, or ADHD-Combined Type.

Given the persistence of the disorder across settings, ADHD is likely to significantly interfere with a student's ability to be successful in school. Identifying effective and acceptable school-based interventions for students with ADHD is especially important, as the behavior of students with ADHD often impacts their academic achievement and social relationships with others (APA, 2013). Moreover, teachers will likely have several students with ADHD in their classroom each year (Ohan, Cormier, Hepp, Visser, & Strain, 2008). With resources being minimal in many schools, it is necessary to consider the selection of interventions as well as the perception a teacher may have of the interventions.

Definition, Prevalence, and Comorbidity

Attention Deficit Hyperactivity (ADHD) is considered a neurodevelopmental disorder. Children with ADHD often have trouble paying attention, may be overly active, and have a difficult time controlling impulsive behaviors. The Centers for Disease Control and Prevention (CDC, 2018) states that the causes for ADHD are still unknown but research over several decades suggests that genetics may likely play an important role.

The prevalence of ADHD has been historically difficult to ascertain due to many factors. The *DSM-5* (APA, 2013) states that in most cultures approximately 5% of children meet the diagnostic criteria for ADHD. There have been many literature reviews and meta-analyses conducted in an effort to determine the prevalence of ADHD. The data is not conclusive and finding precise prevalence rates has been difficult. However, most studies report between 1% and 20% of the population has been diagnosed with ADHD or meets the diagnostic criteria for ADHD. The variability in prevalence rates by study appears dependent on variables such geographical location, demographic factors, definition/diagnostic criteria used, and cultural factors (Polanczyk, Silva de Lima, Horta, Biederman, & Rohde, 2007).

Prevalence rates suggest that likely two to three students in a class will meet the diagnostic criteria for ADHD. Consequently, teachers will likely have at least two students each year exhibiting behaviors of ADHD and requiring intervention (Ohan et al., 2011). Complicating matters, teachers' perceptions of the prevalence of the disorder may even be higher. Glass & Wegar (2000) noted that approximately 8% of students have (or potentially have) a diagnosis. Depending on other variables (e.g., class size, private vs.

public schools, grade level), the researchers found that teachers believed the prevalence rates of ADHD were even higher in their classrooms than 8%. With the perception of the prevalence being higher within their classrooms, a teacher may tend to have a preferred intervention for the students they perceive to exhibit behaviors characteristic of ADHD. A schools' primary purpose is to educate children. By providing necessary interventions to students with ADHD, teachers are able to work towards the educational goals for all. When an acceptable and effective intervention for a student with ADHD is implemented, it may help an entire classroom because teachers are freed up to better help other students in the classroom, as well.

Students with an ADHD diagnosis commonly have other disorders such as an oppositional defiant disorder, conduct disorder, learning disorder, anxiety, and depression (CDC, 2018). Many children with ADHD also have a coexisting learning disorder (CDC, 2018). Research reports comorbidity rates of ADHD and learning disabilities between 31% and 45% (DuPaul, Gormley, & Laracy, 2013). However, some research might suggest even higher comorbidity rates. A study conducted from 2004-2006 (i.e., National Health Interview Survey) suggested that close to half of all children diagnosed with ADHD might also have a co-occurring learning disability (Pastor & Reuben, 2008).

ADHD in the Classroom

Behaviors or symptoms of ADHD are often present across environments. The *DSM-5* (APA, 2013) notes that the disorder is persistent across time and settings, suggesting the symptoms will likely be evident in the classroom context. Students with ADHD often exhibit behaviors that result in negative outcomes. ADHD's impact is especially consequential in the school environment and, thus, academic achievement is

often negatively affected (LeFever, Villers, Morrow, & Vaughn, 2002). This is not surprising given the high rates of comorbidity between ADHD and learning disabilities. Loe & Feldman (2007) noted that students with ADHD are more likely than their peers to have poor academic performance. They tend to perform lower on tests of academic achievement in both literacy and mathematics. Students with ADHD also tend to have lower graders than their peers. Furthermore, students with ADHD may have trouble with peer relationships. They may also be less likely to have close friends and may experience more rejection from other children when compared to typical children (CDC, 2018). Children with ADHD have an increased risk of being retained, suspended, and/or expelled from school. Children diagnosed with ADHD are three to seven times more likely than other children to receive special education services, be expelled or suspended, and/or repeat a grade (LeFever et al, 2002; Loe & Feldman, 2002). Another challenge that students with ADHD may experience due to the symptoms of their disorder is substance abuse, illegal possession, use, and selling of drugs (Barkley, Fisher, Smallish, & Fletcher, 2004).

Classroom Interventions for Students with ADHD

Over the last three decades, considerable attention has been paid to identifying effective interventions for behaviors common to ADHD. Systematic reviews of the literature and published meta-analyses have found that behavioral interventions are the most effective interventions for students exhibiting ADHD-like behaviors (DuPaul, Stoner, & Reid, 2014). Based conceptually on the operant conditioning paradigm, behavioral interventions typically involve antecedent and/or consequent approaches that attempt to shape behavior or teach skills (DuPaul et al., 2011). DuPaul et al. (2012)

conducted a meta-analysis examining the effects of school-based interventions for students with ADHD. Intervention categories included academic interventions focused on manipulating antecedent conditions, contingency management strategies that focused on reinforcement or punishment (consequence-based), and cognitive behavioral interventions that addressed the development of self-control skills. Results from the meta-analysis indicated that school-based intervention for students with ADHD yielded moderate to large effect sizes for academic interventions involving antecedent manipulations and behavioral-based interventions employing reinforcement and punishment. This study suggested that school-based interventions using behavioral principles should be first considered and implemented for students with ADHD. Similar results have been reported in other meta-analyses (see Fabiano et al., 2009; Reid et. al, 2005). These studies also concluded that classroom interventions using behavioral strategies have the potential to produce clinically significant changes in behavior for students diagnosed with ADHD.

Antecedent behavioral interventions targeting ADHD often involve procedures designed to prevent or lessen the occurrence of inattentive or hyperactive/behaviors. In order to prevent problems from occurring, teachers are encouraged to consider making changes to the environment. In this case, a teacher may need to make changes within their classroom (DuPaul et al., 2011). These changes can be straightforward like changing the pace of instruction or posting clear expectations in the classroom to be used as a prompt. Differentiation of expectations may also be an effective way to change the environment to help a student with ADHD. The student with ADHD may have different expectations in regards to assignments such as length of the assignment or

selection/sequence of a task or assignment. Changes like this enables a student to choose what they would like to work on and in what order. This may be helpful for a student with a short attention span and might prevent problems behaviors from occurring (DuPaul et al., 2011).

Consequence-based behavioral interventions typically involve changing something in the environment that follows the behavior a student with ADHD may exhibit, thus attempting to change the behavior or teach a skill. Consequence-based interventions rely on events that happen after the behavior and are useful for students with ADHD if reinforcement for appropriate behaviors is offered immediately and frequently. Also, individualizing a plan for a child with ADHD to specifically target their needs is going to be the most beneficial (DuPaul et al., 2011). Common consequence-based interventions used for children with ADHD in the school setting include token economies, self-regulation interventions (self-monitoring, self-management) and/or home-school communication interventions (DuPaul et al., 2011). Token economies, self-regulation interventions, and home-school communication systems are all considered consequent-based interventions, with the biggest difference between all of them being the response or feedback that is given to shape the behavior.

Home-school communication systems are consequent-based interventions that have been found to be particularly effective for students with ADHD. Home-school communication programs include teachers providing ratings for a student throughout their day based on identified/target behaviors. Then, dependent on how well the student does the student earns a reward (Power et al., 1995; DuPaul et al., 2011). The teacher ratings of the students' behavior are sent home with the student at the end of the school

day, which presents an opportunity for home-based reinforcement (i.e., a reward or incentive). Home-School communication programs may enhance home-school communication for those students who are not receiving adequate amounts of positive feedback in one or both environments.

Daily Report Card

One common behavioral intervention used by teachers for students with ADHD is the Daily Report Card (DRC). The DRC involves the teacher rating a student's behavior across a predetermined number of times each day and earning a reward if they meet a specific goal (Power et al., 1995). The DRC is an example of a home-school communication program that emphasizes behavioral specific feedback about the student's behavior, positive reinforcement of desired behavior, and communication between the student's teacher and parents or guardians. Scholars theorize that enhanced home-school communication is the primary feature of the DRC, as the intervention can foster collaboration to improve a student's behavior (see Fabiano et al., 2010; Kelley, 1990; Pyle & Fabiano, 2017). Often, a DRC involves both teacher and parents working together to help the student set and meet goals based on identified problem behaviors (e.g., on-task behavior, work completion, appropriate peer relations). The student can earn a reward by meeting specific behavioral goals or expectations (Pisecco et al., 2001). This intervention is flexible, as it allows for individualization where behavioral goals and expectations can be changed depending on the student's performance and needs. Rewards can also be adjusted based on motivating operations. For example, reward menus can be developed to decrease the change a student might satiate on a specific item. The DRC includes an operationalized list of a student's target behaviors (Pyle & Fabiano, 2017).

Goals are set based on an identified area of deficit (e.g., work completion, academic performance, class participation, getting along with others). Also, DRCs allow the behavior to be measured and goals to be revisited as the student progresses (Volpe & Fabiano, 2013).

A commonly employed intervention in school settings, DRCs are widely considered acceptable by teachers and other school staff (Chafouleas, Riley-Tillman, & Sassu, 2006; Pyle & Fabiano, 2017). In studies by Power et al. (1995) and Pisecco and colleagues (2001), DRCs were found to be the most acceptable form of intervention. They were also considered by educational staff to be very effective in generating immediate change. Teachers reported the DRC intervention to be the most effective and quick classroom-based intervention to change a student's behavior over other interventions. Pyle and Fabiano (2017) conducted a meta-analysis of single case design studies that specifically examined the effectiveness of the DRC. These researchers found that the DRC was an effective intervention that has the potential to increase desirable behavior by up to thirty percent.

The DRC might be effective because it is an intervention that increases students' opportunities to receive positive feedback from adults (e.g., teachers, parents). The intervention naturally increases the rates of positive reinforcement for appropriate behaviors, and provides the student specific and fairly immediate corrective feedback for undesirable behavior. Students exhibiting problem behaviors common to ADHD (e.g., inattention, impulsivity, hyperactivity) typically fail to receive adequate levels of positive feedback potentially resulting in an increase in negative attention seeking behavior

(Volpe & Fabiano, 2013). In this way, the DRC provides students with what is expected of them instead of being told what not to do.

The Importance of Teacher Acceptability

Due to the relatively poor trajectories for students with ADHD and the high prevalence rates of the disorder, school-based intervention is paramount to these students' success (LeFever et al., 2002; Visser, Danielson, Bitsko, Perou, & Blumberg, 2013).

Teachers are often the professionals in a school building implementing interventions, so teachers are responsible for interventions being implemented with high fidelity (Anderson et al., 2012; Ohan et al., 2008). The likelihood a teacher will implement the intervention, as designed, is the “acceptability” of the intervention. The likelihood they choose an intervention is influenced by common factors such as the appropriateness of the intervention, the fairness of the intervention, ease of implementation, and the effort teachers put into the intervention resulting in positive changes for the student.

Interventions with high acceptability yield increased fidelity because those interventions increase the likelihood that the intervention will be implemented as designed. Due to the pivotal role teachers might play in an intervention's effectiveness, they impact the outcomes of the interventions and their attitudes towards the interventions may influence how well the intervention is implemented (Anderson, et al., 2012).

In one study of intervention acceptability, researchers investigated the degree of confidence school personnel had in the effectiveness of specific classroom interventions (Graczyk, et al., 2005). Interventions included moving the student's seat closer to the teacher, peer tutoring, using individual reward systems, and loss of privileges among other classroom interventions. The study also included the use of medication as an

intervention, mental health services (e.g., counseling), and interventions generally considered ineffective based on empirical research such as restricted diet, sugar intake, and isolation in the classroom. The study found that personnel including school psychologists, counselors, and social workers had very little confidence in the effectiveness of any of these interventions. While it may be hypothesized that knowledge of ADHD may help school personnel feel confident in the effectiveness of interventions, the opposite was true. Knowledge of ADHD was negatively correlated with believing ADHD interventions were effective. That is, school staff with more knowledge about ADHD perceived interventions for students with ADHD to be less effective. Teachers' perceptions influence their recognition of effectiveness of classroom and mental health interventions (Graczyk et al., 2005). Taken altogether, these findings suggest that perceptions more than knowledge might influence teachers' confidence about the effectiveness of interventions. If teachers can be confident in an evidence-based intervention, acceptability of the intervention likely increases and so may the implementation fidelity of the intervention.

It is also important to consider how confident teachers feel about their effectiveness or ability to help students with ADHD. In previous studies, interventions were often considered effective when the teacher expressed previous knowledge about ADHD (Ohan et al., 2008). Teachers are more likely to be helpful to students with ADHD because they believe that can make a difference. Teachers also have improved opinions of efficacy about an intervention if they believe they can be useful and helpful in the classroom (Ohan et al., 2008; Power et al., 1995). When teachers felt confident

they could be helpful to students with ADHD it lead to increased acceptability of the intervention and provided more opportunity to help students.

Could Labels Impact Teacher Acceptability of Intervention for Students with ADHD?

The effects of labels on acceptability of interventions is complex, possibly due to how difficult it is to tease apart the influence of the label from the behaviors. While effective interventions for students with ADHD have been researched extensively, the impact of labels on teacher acceptability of evidence-based intervention remains unclear. Cornett-Ruiz & Hendricks (1993) suggested that identified behaviors deemed problematic might be more influential than a label when considering how teachers possibly interact with students with ADHD. These researchers specifically examined the effect of a label (present or absent) on a student with ADHD by having teachers and students watch a video of either a confederate peer exhibiting ADHD-like behaviors or more age appropriate behaviors. Subjects were then asked to rate the peer or student based on first impressions, predictions about the student's future success, and performance on academic tasks. Results suggested that behaviors were more influential than labels in how teachers or students would rate the child's behaviors (Cornett-Ruiz & Hendricks, 1993). Behaviors may be more influential than a label in how a teacher or peer rates or possibly act towards a student with ADHD.

Ohan et al. (2011) found that teachers had different perceptions of a student based on the label of ADHD. Ohan and colleagues investigated how labeling a child with the diagnoses of ADHD might influence teachers' expectations, behaviors, and emotions when viewing vignettes depicting common ADHD symptomology (e.g., "He starts work

late because he often misplaces what he needs, always moving, chattering endlessly instead of doing work”). These vignettes had the same symptoms present and only differed with regard to the presence or absence of an ADHD label. Ohan et al. (2011) conducted the study with elementary school teachers and education students, hoping to determine the effects of disclosing a label on teachers’ perceptions and expectations, behaviorally or emotionally, for children in their classroom with ADHD. Also, the researchers investigated whether the presence of the ADHD label would result in less confidence or willingness to implement interventions. Results indicated that teachers, in fact, had different perceptions of a student based on the presence or absence of an ADHD label, even though the vignettes depicted the same behaviors. Specifically, the presence of an ADHD label was related to teachers’ willingness to put in extra time with other professionals in order to help the student but did not impact how willing teachers were to put in time themselves to help the student. The presence of ADHD label was also correlated with lower expectations of the student’s behavior. Perhaps because of the label, teachers expected students to exhibit more problem behaviors and have worse emotional outcomes. In addition, the presence of an ADHD label negatively influenced how well a teacher felt they could work with the student in the classroom.

Cornett-Ruiz & Hendricks (1993) and Ohan et al. (2011) did not comment on the acceptability of interventions in relation to labels. This is not surprising, as little is known about the role labels might have on teacher acceptability of behavioral interventions designed to address problems common to students with ADHD. It may be important to have a better understanding of labels and stereotyping due to how a teacher may interact with a student with ADHD. The students’ label or diagnoses may impact how the teacher

feels about the child and/or intervenes with the child. If a label influences a teachers' perceptions of a student, and thus responses to a student, it is also likely the label would inform their perceptions and acceptability of evidence-based interventions for a student.

Summary

A common childhood and adolescent disorder like ADHD warrants not only a review of evidence-based interventions but also the consideration of other variables that may impact the implementation of an intervention for a student with ADHD. One factor to consider in the implementation of an intervention is teacher acceptability.

Acceptability is associated with a teacher's opinion about the intervention's appropriateness and ease of implementation. In the school environment, interventions may be more effective if teachers perceive the intervention to be worth the effort and time. The DRC intervention has high teacher acceptability due to the ease of implementation and increased communication between home and the teacher.

The primary purpose of the current study was to investigate whether the presence or absence of an ADHD label impacted teacher acceptability of an evidence-based intervention that has established teacher acceptability in the literature such as the DRC. Also, the current study investigated the impact pre-service teachers' anticipated work setting (i.e., elementary, secondary) had on the acceptability of the DRC, specifically examining the differences that existed between pre-service teachers acceptability ratings, as well as the influence a label may or may not have on the teacher acceptability.

Chapter 3. Methods

Participants

Seventy-seven undergraduate pre-service teachers enrolled at a medium-sized comprehensive public university in the upper Midwest participated in this study (see Table 3.1). Participants were in one of the last four semesters of their degree program. Subjects indicating they intended to work in both anticipated education settings (elementary and secondary) or who left out responses to survey items were excluded from the study.

Sixty-five (84.4%) pre-service teachers identified their sex as female and twelve (15.6%) teachers identified their sex as male. For their future careers, forty-six (59.7%) pre-service teachers anticipated working in an elementary setting and thirty-one (40.2%) anticipated working in a secondary setting. Participants' majors varied, with most participants identifying their major to be Middle Childhood through Early Adolescence (MCEA) alone or paired with another major/minor (i.e., special education, music, Spanish, math, English, social studies, biology, art).

Materials

Each participant received a two-part questionnaire. The first part of the questionnaire asked about demographic information (see Appendix A) including gender, age, major, minor, Elementary Education (grades 1-8): Middle Childhood through Early Adolescence; Secondary Education (5-12): Early Adolescence through Adolescence. Subjects were also asked to indicate when they were scheduled to student teach as a way for the researcher to assess subjects' general level of training and experience in education. Demographic information was collected to ensure subjects met criteria for

inclusion in the study. Specifically, each participant needed to be in one of the last four semesters of his or her degree program to be included as a subject in the study.

The second part of the questionnaire included one of two written vignettes and the Intervention Rating Profile for Teacher (IRP-20). The vignettes were developed using *DSM-5* criteria for the combined presentation of ADHD (i.e., hyperactivity, inattention, impulsivity; see American Psychiatric Association, 2013) and based on the work of Ohan and colleagues (2011). The two possible vignettes were (1) ADHD label present or (2) ADHD label absent (see Appendix B). The vignettes described the behavior of a twelve-year-old student who would likely meet *DSM-5* criteria for ADHD-Combined Type. The diagnostic label appeared as the last line of the ADHD label present vignette and stated “Eric has been assessed and diagnosed with Attention-Deficit/Hyperactivity Disorder.” For the vignettes without the ADHD label, only the behaviors were described. The vignettes described the Daily Report Card as the intervention recommended to the teacher to support the student. Subjects were provided with a brief description and overview of the DRC to ensure they understood the intervention (See Appendix B).

The IRP-20, developed by Witt and Martens (1983) and first published in *Psychology in the Schools*, was used to rate subjects’ acceptability of the intervention. This Likert-type scale assessed subjects’ acceptability of the intervention DRC intervention. The items included statements such as: “Most teachers would find this intervention suitable for the behavior problem described,” “this intervention should prove effective in changing the child’s problem behavior,” and “teachers are likely to use this intervention because it requires little training to implement effectively.” Participants provided responses on an ordinal, 7-point Likert-type scale for each question. Statements

of agreement received a higher rating (7= strongly agree) and statements of disagreement received a lower rating from a participant (1= strongly disagree). A 7-point Likert-type scale was used instead of 6-point to enable participants a broader range to rate the items and provide a “true middle” score as an option.

Table 3.1
Demographics

	<i>N (%)</i>
Sex	
Male	12 (15.6%)
Female	65 (84.4%)
Anticipated Setting	
Elementary	46 (59.7%)
Secondary	31 (40.2%)

Procedure

The university’s Institutional Review Board (IRB) approved the study. A materials packet was distributed to subjects during one of their university classes. The materials packet included the survey with one vignette and a description of the DRC, and an informed consent document. Subjects signed the informed consent before moving to the other packet materials (Appendix A). Subjects were randomly assigned to a condition (i.e., ADHD label present or absent). Subjects were randomized by having the materials packet on a table, with every other survey being one with the label of ADHD in the vignette. In this way, the researcher did not know which group subjects were assigned. Surveys were returned following completion without identifying information. The completion of the informed consent form and the survey took approximately ten minutes.

The surveys were collected by the researcher. Subjects had the option of not participating in the study, although every prospective subject participated in the study, yielding a 100% participation rate. Participants received a debriefing form explaining the purpose of the study. The participants were asked not to share with others the content of the research.

Chapter 4. Results

The condition (i.e., presence or absence of the ADHD label) and level of anticipated teaching setting served as the two independent variables. An overall acceptability score was calculated for each subject. The dependent variable was the overall mean acceptability score which was calculated for both elementary education and secondary education. The overall mean for all subjects was 97.6, which is considered above the cutoff for acceptability (see Witt & Martens, 1983) for the current study. Based on the work done by Witt and Martens (1983), the current study assessed mean acceptability scores based on an acceptability score of 91 (item mean of 4.55 x 20). This overall mean suggests that the sample found the DRC to be socially acceptable.

Table 4.1 presents the means and standard deviations for subjects' overall acceptability scores. Pre-service teachers in the label absent condition rated the DRC acceptable ($M=96.1$). Pre-service teachers in the label present condition also rated the DRC acceptable ($M=99.2$). Pre-service teachers whose anticipated setting was elementary education rated the DRC as an acceptable intervention for the student when the ADHD label was present ($M=101.7$) and absent ($M=103.5$). Pre-service teachers whose anticipated setting was secondary education rated the DRC as an acceptable intervention for the student where the ADHD label was present ($M=95.7$) but an unacceptable intervention for a student when the ADHD label was absent ($M=84.1$).

The overall acceptability scores were subjected to a two-way analysis of variance (ANOVA) with levels being anticipated setting (elementary or secondary setting) and vignette condition (presence or absence of the ADHD label). Cohen's (1988) recommendation was used to interpret the Eta Squared (η^2) effect size (i.e., small effect

size = .01-.05; medium = 0.06-.13; large = $\geq .14$).

The main effect for the vignette condition (i.e., presence or absence of a label) was non-significant, $F(1, 73) = 1.64, p = 0.204$, indicating that the presence or absence of the ADHD label had no impact on the overall acceptability of the DRC intervention (see Table 4.2).

The main effect for the anticipated setting was significant, $F(1, 73) = 11.11, p = 0.001$, suggesting a medium effect size ($\eta^2 = 0.125$) and indicating pre-service teachers' future or anticipated setting as a teacher impacted the acceptability of the DRC intervention for the student in the vignette (see Table 4.2).

The interaction effect for the vignette condition (i.e., presence or absence of a label) and anticipated setting was not statistically significant, $F(1, 73) = 3.08, p = 0.083$, indicating that there was not a statistically significant interaction between presence or absence of a label and anticipated setting on the overall acceptability of the DRC intervention (see Table 4.2).

Table 4.1

Mean Acceptability Scores of the Daily Report Card (DRC) by Condition

Education	"ADHD" Label		No Label	
	<i>N</i>	<i>M (SD)</i>	<i>N</i>	<i>M (SD)</i>
Elementary Education	22	101.7 (14.5)	24	103.5 (17.7)
Secondary Education	16	95.7 (17.6)	15	84.1 (15.9)
Total	38	99.2 (15.9)	39	96.1 (19.4)

Table 4.2

ANOVA Comparisons of Presence of ADHD Label between Elementary and Secondary Educators

Independent Variable	<i>F</i>	Sig.(<i>p</i>)	Eta Squared (η^2)
Anticipated Setting	11.11	.001	.125
Condition	1.64	.20	.018
Anticipated Setting x Condition	3.08	.083	.035

Chapter 5. Discussion

The primary purpose of the current study was to investigate how the presence or absence of an ADHD label might impact pre-service teachers' acceptability of the DRC. A secondary purpose of the study was to examine whether pre-service teachers' anticipated setting (i.e., elementary, secondary) had an effect on acceptability of the DRC. First, the discussion will address the primary research questions. Second, the study's findings will be discussed within the context of previous research. Third, the study's limitations and suggested directions for future research will be presented. Finally, the implications of this study will be discussed.

This study examined pre-service teachers' acceptability of an evidence-based home-school communication system (i.e., DRC) for students with or without an ADHD label. The intention was to assess the influence of a label of ADHD on teachers' acceptability, and thus, the likelihood they would implement a home-school communication intervention and feel confident in that intervention. The study found that pre-service teacher acceptability of the DRC was not impacted by the presence or the absence of a label. That is, the ADHD label had no apparent effect on pre-service teachers' ratings and thus the overall acceptability of the designated evidence-based intervention (i.e., DRC). Practically speaking, these results suggest that when pre-service teachers are aware that a student has a diagnosis of ADHD, it does not affect the likelihood they would implement an intervention like the DRC. This could possibly be due to factors such as the effort that goes into implementation, perception of high likelihood of follow through from home, or possibly even ease of using this intervention,

whether there is a label or not. In addition, pre-service teachers might view the intervention's effectiveness as important when rating its acceptability.

The interaction effect of the vignette condition (i.e., presence or absence of a label) and the anticipated setting for pre-service teachers was not statistically significant. While the interaction of the vignette condition and anticipated setting may not have yielded a statistically significant difference in acceptability, there may be practical significance when considering a threshold for the acceptability of interventions as established by Witt & Martins (1983). Witt and Marten's (1983) mean is 4.55 (out of 7) for IRP-20 items when the assumption is that the student is experiencing moderate problems that require moderate amount of time. The IRP-20 has 20 items, so a possible threshold for interpretation of the acceptability of the DRC is the assumption that an intervention is deemed acceptable if it meets or exceeds a mean acceptability of 91. All of the mean acceptability scores for the current study exceeded 91, except for secondary teachers who were in the condition with no label. While the analysis of interaction effects may not be statistically significant, in practical terms the data can be interpreted to suggest that this sample of pre-service teachers found the DRC to be an acceptable intervention overall, except for pre-service secondary teachers who found it less acceptable if the ADHD label was absent. When the ADHD label was absent for pre-service teachers who plan to work in secondary education, the DRC was actually below the threshold suggesting the intervention is slightly below the acceptable threshold. However, the results suggest that the DRC was a generally acceptable intervention for this sample of pre-service teachers.

Results from the current study are consistent with previous research suggesting the DRC is an acceptable school-based intervention (Power et al., 1995). Power and colleagues found teachers rated the DRC to be acceptable and effective. They speculated that the DRC was considered a highly acceptable intervention because it is a positive intervention that requires very little time to implement and can be used with mild to severe problem behaviors. The researchers also noted that the intervention, when implemented properly, results in increased parent-teacher communication. Across studies, the DRC appears to be an acceptable intervention and the current study echoed these findings.

There was no significant difference when analyzing the interaction between independent variables, but surprisingly, there was a difference between pre-service secondary teachers' acceptability rating dependent on the presence or absence of the ADHD label. Overall, pre-service secondary teachers found the DRC to be less acceptable than pre-service elementary teachers. Even more interesting though, is that pre-service secondary teachers found the DRC to be least acceptable for students without the label of ADHD, not meeting the threshold of "91" as designated by Witt & Martens (1983). The intervention's complexity within a middle and high school setting might help explain these findings. The frequency of transitions and consistency across one teacher in an elementary setting differs greatly compared to secondary school settings. Elementary aged students tend to have one classroom teacher and only a few other teachers for special classes (e.g., physical education, music, art). Elementary school students often spend the majority of their time with only one adult in a setting that is consistent related to behavioral expectations. Middle and high school students often have seven or more

teachers across a given school day. Home-school communication and consistent feedback are variables that contribute to the DRC being such an effective intervention. So, in an intervention where consistency is important, middle and high school teachers are faced with the challenge of providing consistent feedback amongst many more professionals when compared to elementary school teachers. Considering many more adults are involved in an intervention at a secondary level, it is quite likely a teacher would view a home-school communication system as potentially difficult. The developmental appropriateness of an intervention might also influence acceptability across teachers. In elementary school, a home-school communication system may be viewed as appropriate for a student because high levels of home-school communication are often expected. In middle or high school, this kind of communication between teachers and parents is not as common. This is likely due to the importance middle and high school educators place on developing independence among students. It is developmentally appropriate in middle and high school that students move towards more autonomy, which entails more independent responsibility and less parental involvement.

The study's results are important for several other reasons. First, there was no significant effect of label between condition (presence or absence of ADHD label). This may be interpreted as a positive outcome as it asserts that label biases appeared to not interfere with a teachers' acceptability of the DRC intervention. The phenomenon of labels impacting expectations of a student is called labeling bias (Fox & Stinnett, 1996). Contrary to previous research (Ford & Stangor, 1992; Ohan et al, 2011), stereotypes and the presence or absence of a diagnosis of ADHD did not seem to have an impact in the current study on teacher acceptability. In terms of teacher acceptability, we can ascertain

from the data that the presence of a label was not a factor in pre-service teachers' ratings of the DRC's acceptability. The DRC was viewed as a socially acceptable intervention, having a greater likelihood of success because teachers are more likely to implement these interventions with high fidelity, regardless of any label biases.

Second, the study's results are important because there was not much previous research on teacher acceptability of evidence-based interventions in schools in regards to elementary versus secondary levels. This study was able to examine the acceptability of the DRC between elementary and secondary pre-service teachers, providing important information about the use of the DRC with different aged students. While the DRC may be viewed as an intervention that would be most likely accepted by pre-service elementary teachers, it was actually an acceptable intervention when considering the entire sample of subjects. Practitioners can be confident that the majority of teachers are likely to find the DRC acceptable for all students.

Finally, the study's results contribute to the field's growing knowledge about the influence labels have on perceptions. When a diagnostic label is present in research, subjects' background knowledge of that label or disorder may be an important factor in understanding outcomes. While not specifically addressed in the current study, the impact of the label can be considered based on the overall mean acceptability found in the current study. The overall mean for when an ADHD label was present was higher than the mean for when the label was absent. There's the possibility that the label gave participants the reference point they were looking for and led them to believe that a highly acceptable intervention like the DRC, across conditions and anticipated settings, would be an even better fit for a student who exhibited behaviors similar to the ones

described in the vignette and the label was also present. So while the difference between conditions was not statistically significant, the presence of the label did lend to higher acceptability of what the research has deemed an evidence-based intervention.

Limitations

The study population consisted of pre-service teachers at one medium-sized university in the Midwest. Furthermore, the sample size was relatively small, especially within each condition, and, the sample consisted mostly of women (84%). Although the sample is generally consistent with pre-service elementary education programs, it is not fully representative of pre-service secondary education programs. Taken altogether, it is difficult to generalize the study's results to a larger, more diverse population. Also, it is difficult to know if the results can be generalized to male pre-service teachers in both elementary and secondary pre-service degree programs. Finally, the study's results cannot be generalized to in-service teachers.

The current study is the first to examine the acceptability of one specific intervention (i.e., the DRC) relative to the presence and absence of an ADHD label. While this information is important, is difficult to generalize results to other evidence-based interventions. Related, it is difficult to know if the presence and absence of labels would have an effect on teacher acceptability for other evidence-based interventions targeting students with ADHD.

It is also difficult to assert that the findings of this study were in fact meaningful to the literature on teacher acceptability literature. There is not a threshold established in the literature for the IRP-20. Based on the item means described by Witts & Marten (1983), it may make sense to establish an acceptability score of 91 (mean of 4.55 x 20

items). However, there are no data that specifically established this threshold. Moreover, the measure is not standardized nor does it have reported psychometric properties.

Finally, the vignette only described behaviors of a student with a diagnosis consistent with ADHD-Combined Type. While the majority of students with ADHD are diagnosed with this subtype (APA, 2013), there are, of course, also students who are diagnosed with ADHD-Predominately Inattentive Type and ADHD-Predominately Hyperactive-Impulsive Type. Consequently, the results may not be easily generalized to pre-service teacher acceptability of interventions for students who have a diagnosis of ADHD that is not the combined subtype. It is difficult to conclude if the DRC would be as acceptable for students who have one of the other two subtypes and the behaviors that were described were different than the behaviors found in the vignette for this study.

Future Research

The current study provides outlets for further research. First, the present study provides insight into acceptability of the DRC but future research could further extend the literature on the perceived effectiveness of other evidence-based interventions. Specifically, researchers may want to examine other evidence-based interventions (e.g., token economy, Good Behavior Game, timeout from reinforcement) that are commonly employed in school settings and the acceptability of those interventions. This kind of research would provide important feedback on the comparative acceptability of many different kinds of evidence-based interventions, especially in relation to ADHD.

There are also opportunities to expand the literature by using similar vignettes but adding multiple dependent variables such as effectiveness and fidelity of the single intervention. This would allow for an assessment of the role that assumptions about the

usefulness of an intervention play in teachers' ratings of intervention acceptability and willingness to use. In future research, the vignettes could look at ADHD-predominantly inattentive type or ADHD-predominantly hyperactive/impulsive type. A researcher may also consider examining the acceptability of the DRC but use a different population such as pre-service teachers versus new teachers (first 10 years of career), and veteran teachers. Furthermore, a similar study could be conducted but using a more contemporary dependent variable such as the IRP-15 and comparing the results on that study to the present study using the IRP-20. Research could also pick one anticipated setting and do an analysis of factors that contribute to acceptability of evidence-based interventions such as knowledge of ADHD or knowledge of evidence-based interventions.

Implications

The results of this study have positive implications when considering label biases. At an individual level, pre-service teachers did not view interventions differently whether a label of ADHD was present or absent. A pre-service teacher, in their practice, may choose the intervention based on the behaviors a student exhibits and their perception of an acceptable intervention for the behaviors, rather than on a label a student may have. This is an important finding, as it suggests pre-service teachers are viewing the situation objectively instead of letting previous knowledge or biases interfere with choosing an intervention. The study also shows that pre-service teachers are able to identify an acceptable evidence-based intervention. The DRC is a widely researched and used intervention and the pre-service teachers' ratings suggest they were able to recognize an effective intervention and also deem it as acceptable.

For school psychologists, this study may highlight the high teacher acceptability of the DRC. The current findings of this study are consistent with past research and imply that for a student exhibiting behaviors of ADHD, the DRC is an evidence-based intervention that will likely be a good fit for all involved. Moreover, the study's findings might contribute to conversations school psychologists have about the impact of label biases on intervention acceptability. While label biases are a concern in education, the current findings suggest that the presence or absence of a label has no effect on teachers' ratings of acceptability of an evidence-based intervention like the DRC. These results may be helpful for school psychologists in thinking about collaboration, implementation, and fidelity of the DRC. School psychologists may be more confident in introducing this intervention to teachers since research has exhibited the DRC to be an acceptable intervention to teachers. A school psychologist introducing a teacher to this intervention may even want to comment on the aspects that make the DRC such an acceptable intervention such as ease of implementation, the minimal time a teacher will likely spend on the intervention, and the effectiveness of the intervention.

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Appendix A. Consent Form

02/10/15

Study Name: Do Labels Affect Teacher's Acceptability of Intervention for Children?

Names of Principal Investigators: Michael Axelrod, Ph.D.

Sara Rinka, M.S.E.

This document is to certify that I, _____, hereby freely agree to give permission to volunteer in a research study as an authorized part of the educational and research program of the University of Wisconsin- Eau Claire under the supervision of Dr. Michael Axelrod and Sara Rinka.

- The research project has been explained to me by the researchers and I understand this explanation, including what I will be asked to do.
- I have been given an opportunity to ask questions, and all such questions and inquiries have been answered to my satisfaction.
- I understand that all data will remain confidential and that the survey will be completely anonymous.
- I understand that participation in this research project is voluntary and that declining or withdrawing at any time through the time span of the survey will not impact me professionally or otherwise.
- I understand that the approximate length of time required for participation in this research project will be approximately 15 minutes today following my informed consent.
- I understand that if I have any questions concerning the purposes or the procedures associated with this research project, I may call or write:

Sara Rinka, M.S.E.
School Psychology Graduate Student
University of Wisconsin- Eau Claire
(715) 490-1608
rinkasr@uwec.edu

Michael Axelrod, Ph.D.
Academic Program Director in HSS
University of Wisconsin- Eau Claire
160A HSS
105 Garfield Ave
Eau Claire, WI 54702-4004
(715) 836-5020
axelromi@uwec.edu

- I understand that it will not be necessary to reveal my name in order to obtain additional information about this research project from the principal investigators.
- I understand that if I have questions or concerns about the treatment of human subjects in this study, I may call or write:

Leah Olson-McBride
Associate Professor
HSS 256
715.836.5404
olsonmcl@uwec.edu

Appendix B. Survey

Demographics:

Gender: _____

Age: _____

Major: _____

Minor: _____

(circle one): Elementary Education or Secondary Education

When are you scheduled to student teach?: _____

Eric

Eric is a 12-year-old boy. Eric's teacher describes him as always moving, from squirming in his seat to wandering around the classroom, chattering endlessly instead of doing his work. His teacher says that Eric doesn't do what she asks him to do, such as cleaning out his desk, despite her constant instructions. He starts work late because he often misplaces what he needs. While doing his work, he gets side-tracked into doing something else and turns in his work without checking. According to his parents, Eric never seems to focus on what they say or ask of him, even when they repeat themselves. His behavior with others his age is similar. He often intrudes on what they are doing, and doesn't wait for his turn or concentrate on what's happening in their games. (Eric has been assessed and diagnosed with attention-deficit/hyperactivity disorder.)

*parentheses indicate that this sentence will depend on condition

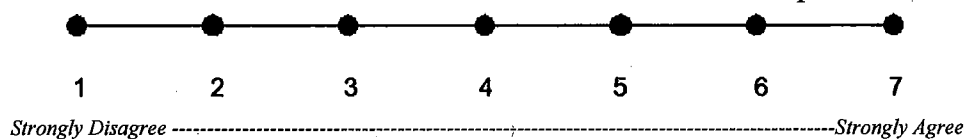
Eric's Intervention: Daily Report Card (DRC)

The Daily Report Card is an intervention that is evidence-based and is used as a behavioral intervention for a variety of different behaviors. DRC's have clearly defined behaviors that are put together as appropriate targets for the individual student or group. Each target should have an associated way of measuring the progress over an interval of time. Teachers provide regular/daily feedback to the child in regards to their targets/goals. DRC forms are sent home each day to the parents as a way of communicating and reviewing the day the child had. Parent

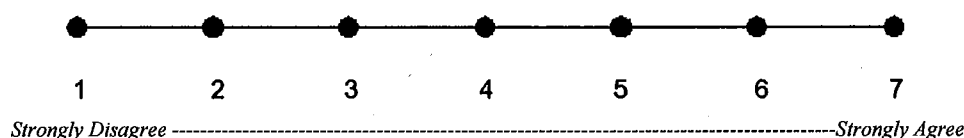
also correspond with the school and provide information about behaviors and targets at home. The DRC provides opportunity for positive feedback by increasing praise from teachers and parents while also providing more opportunities for students to be successful and decrease their negative behaviors.

For each question, choose the best answer/number. Please answer each question.

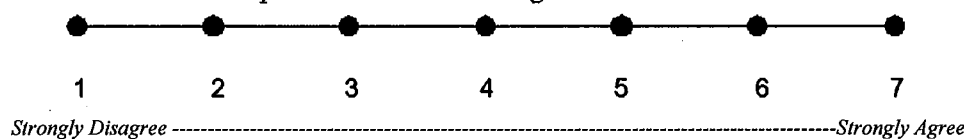
Most teachers would find the intervention suitable for the behavior problem described.



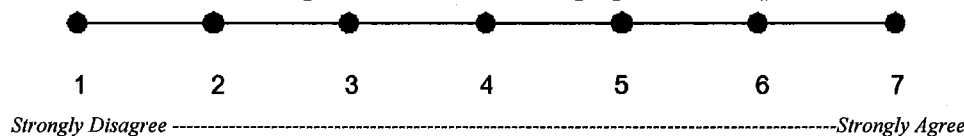
Most teachers would find this intervention appropriate for behavior problems in addition to the one described



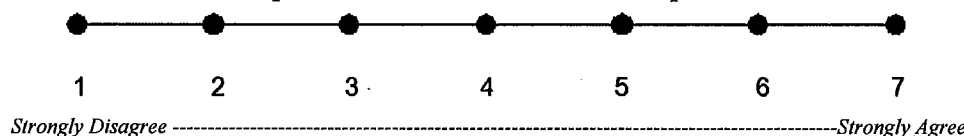
The child's behavior problem is severe enough to warrant use of this intervention.



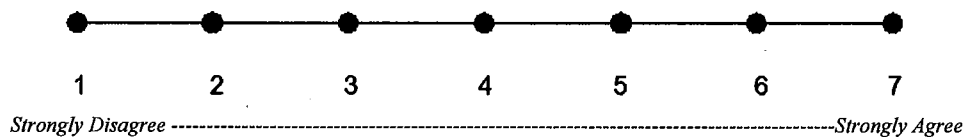
This intervention should prove effective in changing the child's problem behavior



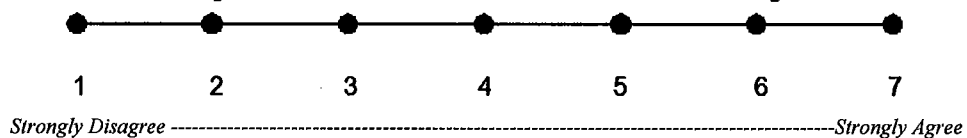
This would be an acceptable intervention for the child's problem behavior.



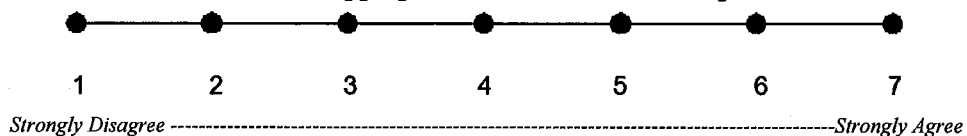
Overall, the intervention would be beneficial for the child.



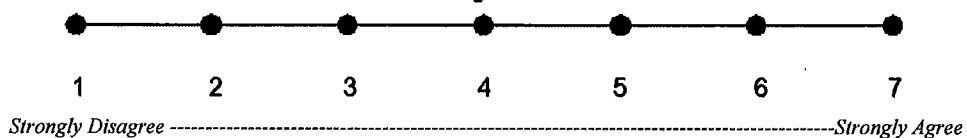
I would be willing to use this intervention in the classroom setting.



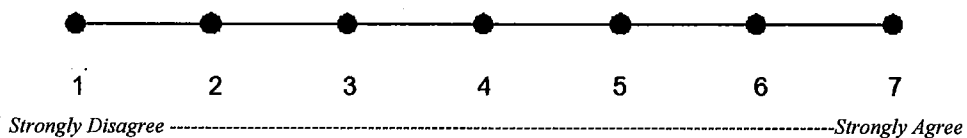
This intervention would be appropriate for use before making a referral.



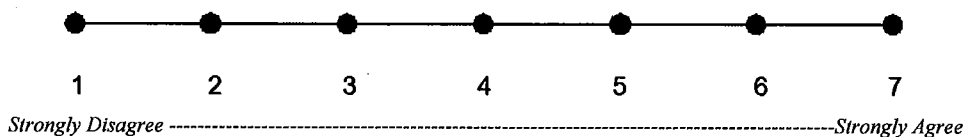
This intervention would not result in negative side effects for the child



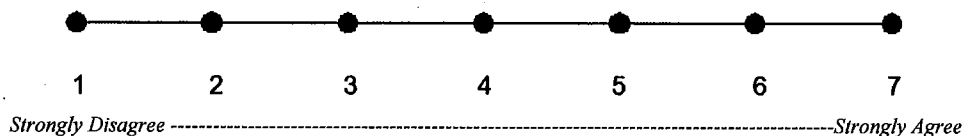
This intervention would not result in risk to the child.



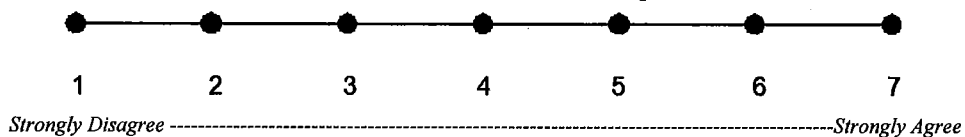
This intervention would not be considered a "last resort."



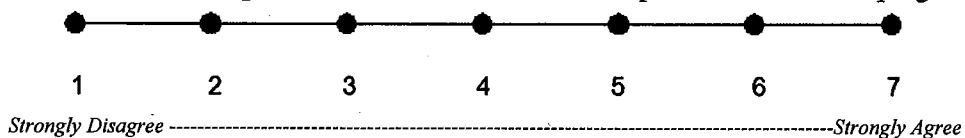
This intervention is practical in the amount of time required for parent contact.



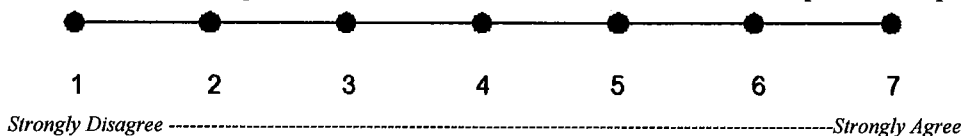
This intervention is practical in the amount of time required for contact with school staff.



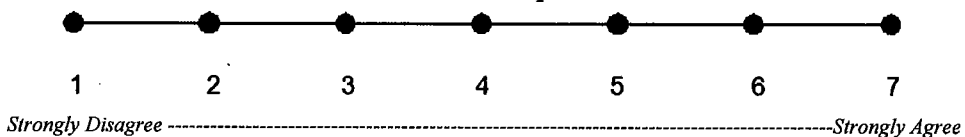
This intervention is practical in the amount of time required for record keeping.



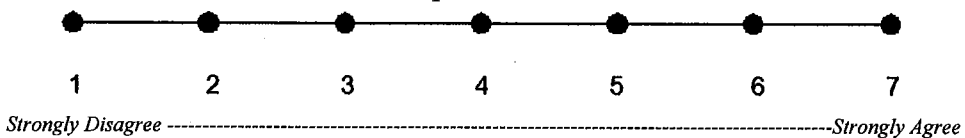
This intervention is practical in the amount of out-of-school time require for implementation.



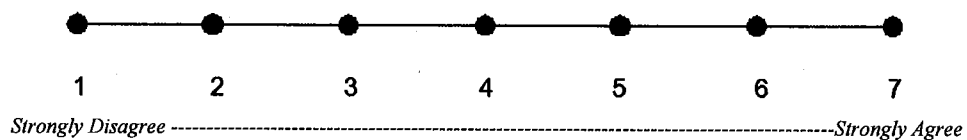
This intervention would not be difficult to implement in a classroom with 30 other students.



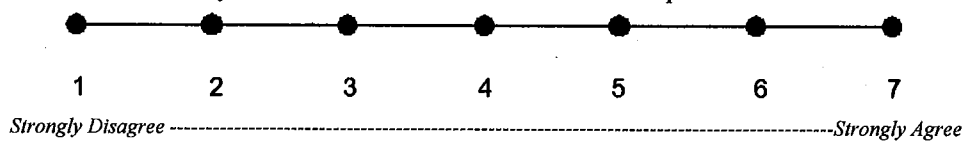
This intervention would not be disruptive to other students.



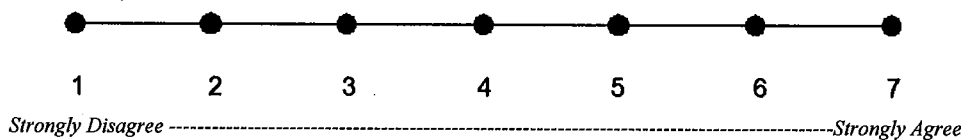
It would not be difficult to use this intervention and still meet the needs of other children in the classroom



Teachers are likely to use this intervention because it requires little technical skill.



Teachers are likely to use this intervention because it requires little training to implement effectively.



Appendix C. Debrief Form

Study: Do Labels Affect Teachers' Acceptability of Interventions for Children with ADHD

Primary Investigators: Dr. Michael Axelrod, PhD., Sara Rinka, M.S.E.

Debrief

The purpose of this study was to investigate the acceptability of evidence-based interventions for children with Attention-Deficit Hyperactivity Disorder. Specifically, this study wants to find out if there is a difference in pre-service teachers' opinion of acceptable interventions for children with a diagnoses of ADHD versus children who do not have a diagnoses of ADHD. To do this, each participant was randomly given one of two surveys: diagnoses condition or no diagnoses condition. In the diagnoses condition, participants were given a survey with the presence of a diagnoses of ADHD within their vignette. In the no diagnoses condition, there was no diagnoses present within the vignette. Each story about "Eric" was identical except for the presence of a diagnoses of ADHD. By doing this, the researcher is hoping to see if a diagnoses impacts the acceptability of an evidence-based intervention based on the presence of a label.

Please contact Sara Rinka, M.S.E. (rinkasr@uwec.edu) or Dr. Michael Axelrod, PhD. (axelromi@uwec.edu) if you have any questions regarding this study.

We ask that you do not disclose the content of this survey to fellow colleagues who may take the survey sometime in the near future.

Thank you for your participation and cooperation!