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### Effects of Diagnostic Labels on College Students' Perceptions of Children with Autism Spectrum Disorder

Sarah Grace Cowell

*Ouachita Baptist University*

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# **SENIOR THESIS APPROVAL**

This Honors thesis entitled

**“Effects of Diagnostic Labels on College Students’ Perceptions  
of Children with Autism Spectrum Disorder”**

written by

**Sarah Grace Cowell**

and submitted in partial fulfillment of  
the requirements for completion of  
the Carl Goodson Honors Program  
meets the criteria for acceptance  
and has been approved by the undersigned readers.

Dr. Nancy Hardman, thesis director

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April 26, 2019

Effects of Diagnostic Labels on College Students' Perceptions of Children  
with Autism Spectrum Disorder

Sarah Cowell

Honors Senior Thesis, Ouachita Baptist University

## TABLE OF CONTENTS

	Page
Abstract .....	3
Introduction.....	4
Methods.....	7
Results.....	10
Conclusion and Discussion.....	21
Personal Connection .....	23
APPENDIX A: Survey Cover Letter.....	26
APPENDIX B: Informed Consent Form .....	28
APPENDIX C: Parental Permission Form .....	30
APPENDIX D: Photo Release Permission Form.....	32
APPENDIX E: Institutional Review Board Human Subjects Application.....	34
APPENDIX F: Demographic Questions.....	39
APPENDIX G: Survey .....	41
APPENDIX H: Data Tables.....	44
REFERENCES .....	49
ACKNOWLEDGEMENTS.....	50

## Abstract

The Center for Disease Control reports current research that indicates 1 in every 68 children in the United States has the diagnostic label of Autism Spectrum Disorder. Research literature of the past 20 years has warned of the possible dangers of labels, such as Autism Spectrum Disorder, and the potentially negative impact these labels can have on an individual throughout a lifetime.

This project investigates college students' perceptions of the label Autism Spectrum Disorder in regard to a child's educational potential and later employment. College students viewed a four-minute video of a child in solitary play. One-half of the participants were informed that the child had the diagnostic label of Autism Spectrum Disorder (ASD); the other half were given no information about the child. Once the college student viewed the video, s/he was prompted to complete a 25-question survey in which the college student rated each statement according to Strongly Agree, Agree, Disagree, or Strongly Disagree.

Preliminary findings based on the results of 235 completed surveys indicated the diagnostic label of Autism Spectrum Disorder (ASD) negatively impacted a college student's perception of a child's educational potential and/or social skills. These findings are consistent with previous research regarding the potentially negative impact of diagnostic labels, specifically for Autism Spectrum Disorder, and perceptions of others in regard to educational potential and future employment.

## Introduction

According to the latest research by the Autism and Developmental Disabilities Monitoring Network, the prevalence of Autism Spectrum Disorder (ASD) in the United States is one in 59 children (Baio J, Wiggins L, Christensen DL, 2014). The prevalence of Attention-Deficit/Hyperactivity Disorder (ADHD) is currently estimated to be one in 20 children (American Psychiatric Association, 2013). Lastly, the prevalence of dyslexia is one-two in 20 children (Seigel, 2006). Along with these labels there are numerous others that are commonly given to children and adults such as: anxiety disorder, learning disorder, conduct disorder, intellectual disability, cerebral palsy, apraxia of speech, speech disorders and obsessive-compulsive disorder.

We live in a world that craves labels. Parents take their children to doctors expecting a label or diagnosis to “explain” why their child might have atypical behaviors or actions as compared to the child’s same age peers. Kenny Midence and Meena O’Neill (1999) interviewed four sets of parents with children diagnosed with ASD. After analyzing the interviews, Midence and O’Neill reported that parents had searched for an accurate diagnosis and experienced great relief after a diagnosis was made. The parents wanted labels for their children in order to receive appropriate medical attention.

Research indicates that labels and/or a diagnosis can impact an individual in various ways. Current evidence concludes that college students have a more positive attitude toward someone exhibiting atypical social behaviors when the person is labeled with ASD than toward someone with atypical social behaviors when they are labeled as a typical student (Butcher and Gillis 2011, Matthews 2015). Research by Higgins (2002) and Ho (2004), reported that a greater understanding of a label can result in increased

sympathy for the individual as well as better treatment and accommodations (Higgins 2002, Ho 2004).

The word “label” or “diagnosis” can also have a negative connotation. So, while parents report it is helpful to receive a label or diagnosis that aids them in acquiring services for their child, a label or diagnosis can also result in negative consequences. It is advised to take caution against seeking a label for the sake of solely having a diagnosis versus seeking a label to receive appropriate treatment.

According to the Labeling Theory developed in the 1960s by Frank Tannenbaum and George Mead, once an individual is given a label associated with an atypical behavior, the individual will develop a new identity entailing behaviors commonly associated with the label. Labels produce more of the atypical behaviors than the individual originally exhibited (Knutsson 1977). This theory predicts that once an individual is labeled, “the social group seems to assign to that person a new identity and a new role, a new set of expectations. The social group then responds to the individual according to those expectations, thus reinforcing the label and affecting all future interactions” (Hebding & Glick, 1987).

A diagnostic label may remain with a person throughout life; diagnoses are not noted in medical paperwork one day and removed a few years later if the child seems to have “grown out” of the disorder. Labels may lead others to have inaccurate perceptions about those individuals with labels; those with labels may be viewed as less capable to function in the world (Hebding & Glick, 1987). It may be induced from their study that a diagnostic label may not improve social or behavioral problems parents are experiencing with their child.

International awareness and discussion of diagnostic labels appear to have risen in recent years as evidenced by the various campaigns highlighted in different media forms. April is *World Autism Awareness Month* with specific activities such as *Light It Up Blue* appearing in social media posts ranging from blue lights on the Sydney Opera House to the blue lights of the Empire State Building. Other events include *Spread the Word: Inclusion* which promotes the stop of the “r-word” and promotes inclusion of individuals with intellectual disabilities; *National World Down Syndrome Day* is designated as a day to wear crazy socks in support of individuals with Down Syndrome. These intentional, organized efforts are intended to educate the public through awareness and discussion of the diagnoses and labels in our world.

In light of the new consciousness toward ASD and the increased discussion about the label, the student researcher designed this study. Therefore, the purpose of this study was to investigate college students’ perceptions, negative or positive, that may result from the label of ASD for a child.



## Methods

### Participant Recruitment

Permission was gained from five professors to attend their classes and request student participation with the student researcher's study. A total of 235 students voluntarily completed the survey accessed through a Survey Monkey link provided by the student researcher.

### Procedures

*Survey development.* The 25-statement multiple choice survey (APPENDIX G) with four response options (strongly disagree, disagree, agree, strongly agree) was developed by the student researcher. Survey statements were designed to correspond to signs and symptoms of Autism Spectrum Disorder (ASD) or to reflect actions of children with typical language according to the developmental milestones provided in information accessed through the Centers for Disease Control and Prevention.

*Institutional Review Board.* This study was approved by the Institutional Review Board of Ouachita Baptist University. Participants were required by the Institutional Review Board to be 18 years of age or older.

*Video development.* A 30-minute video sample of the student researcher playing with a typically developing 3-year, 5-month-old child was collected and orthographically transcribed. The student researcher then chose and compiled six clips from the video into a four-minute video that exhibited social, communication, and behavioral abilities of the child.

*Survey implementation.* Over the course of one week at the beginning of the Spring 2019 semester, the student researcher went to the selected classrooms to request

participation from the students. The student researcher read the following paragraphs to 50% of the participants before and after the 4-minute video:

*Hello, my name is Sarah Cowell and I am completing research for my honors thesis. This 4-minute video is of a 3-year, 5-month-old boy. As you watch this video, pay attention to his behavior and social interactions. After watching this video, you will be asked to complete a brief survey regarding your views of the child's observable behaviors for future educational and functional skills throughout life. The child in this video was diagnosed with Autism Spectrum Disorder when he was 2-years, 6-months-old. Individuals with Autism Spectrum Disorder sometimes demonstrate difficulty with social interactions and inappropriate social behavior.*

*Now that you have watched this 4-minute video of a 3-year, 5-month-old boy diagnosed with Autism Spectrum Disorder please complete the survey at the following link. Please read the statements and select whether you strongly disagree, disagree, agree, or strongly agree. For a full debriefing of this study please attend Scholar's Day in the spring. Thank you for your time.*

The other 50% of the participants were read the following statements before and after the video that did not include a diagnosis or label for the child in the video:

*Hello, my name is Sarah Cowell and I am completing research for my honors thesis. This 4-minute video is of a 3-year, 5-month-old boy. As you watch this video pay attention to his behavior and social interactions. After watching this video, you will be asked to complete a brief survey regarding your views of the child's observable behaviors for future educational and functional skills throughout life.*

*Now that you have watched this 4-minute video of a 3-year, 5-month-old boy please complete the survey at the following link. Please read the statements and select whether you strongly disagree, disagree, agree, or strongly agree. For a full debriefing of this study please attend Scholar's Day in the spring. Thank you for your time.*

The student researcher used two survey links that differed only by the inclusion of a period (.) in the name of one of the survey links. The period (.) included in one survey link helped the student researcher keep results separate for the classes provided with an ASD diagnosis from the classes without the description of this diagnosis. One survey link was written on the board in each classroom for the participants to access the 25-statement survey (APPENDIX G).

The survey included the Cover Letter (APPENDIX A) for the research and the Informed Consent form (APPENDIX B) for the participants to complete prior to completing the survey. Participants then completed a 3-question demographic section (APPENDIX F) before the 25-statement survey (APPENDIX G). After completing the survey, participants completed 5 follow-up demographic questions that pertained specifically to ASD (APPENDIX F).

## Results

The purpose of this study was to determine whether college students at Ouachita Baptist University showed significant differences in perceptions of a typically-developing child. All participants watched a 4-minute video of the student researcher playing with a child with typical development, but 50% of participants were told the child had ASD and the other 50% of the participants were not told the child had ASD. It was hypothesized that individuals who were told prior to watching the video that the child had a diagnosis of ASD would perceive a less successful future for the child and rank him more poorly on the survey statements than the participants who were not told the child had ASD. The following section will present the results of the study. Tables and graphs are included to assist with explanation and interpretation of the findings.

## Participants

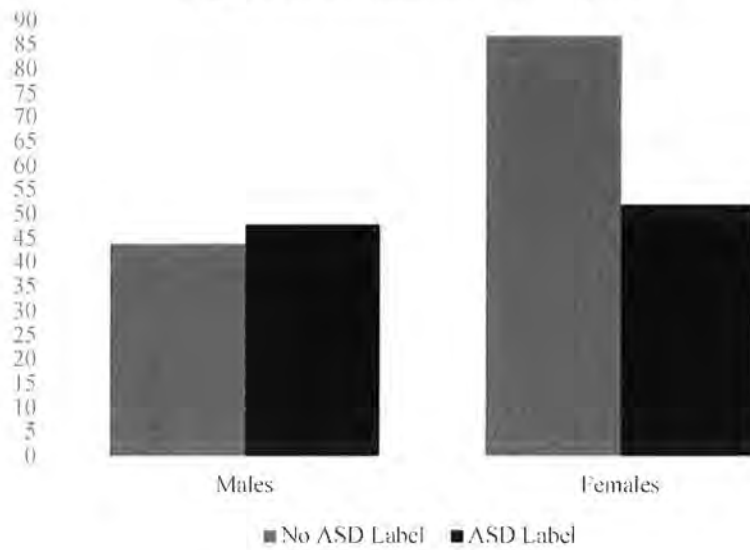
### Participant Responses

The student researcher requested participation in six classrooms at Ouachita Baptist University and accumulated 235 student responses ( $n = 235$ ). Of the 235 students who agreed to participate in the survey, 231 completed the survey and demographic section. Only the 231 student responses that were completed were analyzed.

### Basic Demographics

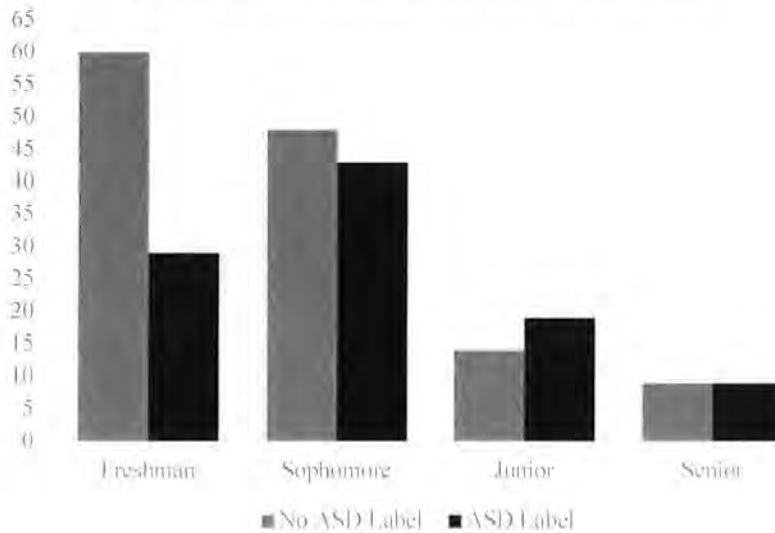
Of the 231 participants who completed the survey, 60.2% ( $n = 139$ ) were females, 39.8% ( $n = 92$ ) were male.

Figure 1: Gender of Participants



With regard to classification in undergraduate school, participants identified themselves as follows: Freshman 38.5% (n = 89), Sophomore 39.4% (n = 91), Junior 14.3% (n = 33), and Senior 7.8% (n = 18). These percentages are provided in Figure 2.

Figure 2: Classification of Participants

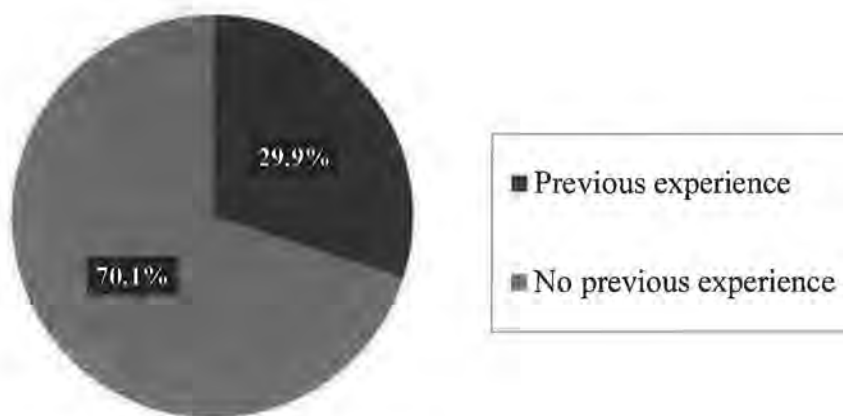


Following completion of the main survey questions, additional questions were asked of the participants regarding ASD specific coursework and/or their experience with individuals diagnosed with ASD.

Of the 231 participants, 4.8% (n = 11) reported they had completed coursework specific to ASD; 95.2% (n = 220) reported no coursework. Nine of the 11 reported the completion of one course; two reported the completion of between two and five courses; one participant reported the completion of six to 10 courses specific to ASD.

Survey results indicated 29.9% (n = 69) of participants had previous experience working with individuals identified with ASD; 70.1% (n = 162) reported no previous experience.

Figure 3: Participants' Experience with Individuals with ASD



For those with previous experience, two follow-up questions were given regarding the extent to which they had experience working with those with ASD.

Participants could select as many answers as applicable.

Responses to these follow-up questions resulted in 14.5% (n = 10) who reported they were a teacher of an individual with ASD; 20.3% (n = 14) reported they were related to an individual with ASD. Additionally, 55.1% (n = 38) of participants from this group

reported volunteering with individuals with ASD; 56.5% (n = 39) reported a personal relationship with an individual with ASD. The remaining 8.7% (n = 6) reported answers as “other” and wrote the following: “camp counselor, teacher’s aide for a student with ASD, worked in a therapy setting with individuals who had ASD, worked with two children with ASD in the church choir, working with kids, and friends with an individual who has a cousin with ASD.”

The second question was in regard to the length of experience. Seventy participants answered this question and 31.42% (n = 22) reported experience of six-months or less; 17.15% (n = 12) with six-months to one-year. Twenty percent (n = 14) reported one- to two-years of experience, 15.71% (n = 11) with two- to five-years, and 8.57% (n = 6) reported 10+ years of experience.

## Data Analysis

Survey statements were divided into four categories to help analyze possible patterns between similar survey questions: perceptions of future educational success, perceptions of typical development, perceptions of ASD, and perceptions of social skills.

### Survey Results

A survey with 25 statements was developed to examine the perceptions pertaining to the four areas listed above. Eight statements pertained to perceptions about the child's future educational success; five statements regarded perceptions of the child's typical development; four statements rated the perceptions of ASD; and eight statements related to perceptions about the child's social skills. Each item on the survey had the following answer choices: strongly disagree, disagree, agree, and strongly agree. The answer choice of "neutral" was not included in order to encourage students to think through the questions and respond with answers more closely aligned to their beliefs.

Future Educational Success: statements 1, 2, 7, 11, 15, 16, 18, and 19 (refer to APPENDIX G) examined educational success of the child related to beginning and finishing kindergarten on time, requiring or not requiring tutoring services to succeed, graduating within the top 10% of his class, and the likelihood of college acceptance and graduating on time.

The scores were analyzed to find the highest percentage that corresponded with a more positive perception for the child in the video. Seven of the eight statements in this section were designed to have an agree score that correlated with a more positive perception of the child; one statement was designed to require a disagree score in order to project a more positive perception of the child (statement 11). Below you will find each



survey statement with its corresponding disagree totals (strongly disagree scores + disagree scores) or agree totals (strongly agree scores + agree scores).

Statement 1: The child in today's video will start kindergarten on time.

Statement 1	Combined Agree Scores
Group given no label	90.07%
Group given label	87.0%

Statement 2: The child in today's video will graduate kindergarten on time.

Statement 2	Combined Agree Scores
Group given no label	86.26%
Group given label	81.0%

Statement 7: The child in today's video will require *NO* tutoring sessions or extra help in the classroom to achieve success in elementary school.

Statement 7	Combined Agree Scores
Group given no label	38.16%
Group given label	23.0%

Statement 11: The child in today's video will require extra help to succeed in school.

Statement 11	Combined Disagree Scores
Group given no label	56.49%
Group given label	37.0%

Statement 15: The child in today's video will graduate high school within the top 10% of his class.

Statement 15	Combined Agree Scores
Group given no label	59.54%
Group given label	40.0%

Statement 16: The child in today's video will get accepted into a college university.

Statement 16	Combined Agree Scores
Group given no label	97.71%
Group given label	93.0%

Statement 18: The child in today's video will graduate with his undergraduate degree within 4-years.

Statement 18	Combined Agree Scores
Group given no label	87.03%
Group given label	79.0%

Statement 19: The child in today's video will graduate with a double major from his university.

Statement 19	Combined Agree Scores
Group given no label	35.88%
Group given label	30.0%

Overall, in regard to the eight educational success statements, the results indicated that the participants who were not told a label for the child projected a more positive future for the child. For more information, survey results for each of these statements are provided in APPENDIX H, Table 1 and Table 2.

Typical Development: statements 12, 13, 17, 21, and 24 (APPENDIX G) examined typical development of the child with statements regarding development, physical capabilities, leadership roles, interview success, and perception of success by peers.

The scores were analyzed to find the highest percentage that corresponded with a more positive perception for the child in the video. All five of these statements were designed to have an agree score that correlated with a more positive perception of the child. Below you will find each survey statement with its corresponding agree totals (strongly agree scores + agree scores).

Statement 12: The child in today’s video will be a first-string “starter” in every sport that he chooses to participate.

Statement 12	Combined Agree Scores
Group given no label	29.01%
Group given label	13.0%

Statement 13: The child in today’s video exhibited behaviors of a child with typical development.

Statement 13	Combined Agree Scores
Group given no label	77.87%
Group given label	78.0%

Statement 17: The child in today’s video will serve as a leader of a club on his college campus.

Statement 17	Combined Agree Scores
Group given no label	60.49%
Group given label	36.0%

Statement 21: The child in today’s video will win the “most likely to succeed award” from his college university.

Statement 21	Combined Agree Scores
Group given no label	39.69%
Group given label	26.0%

Statement 24: The child in today’s video will have charm and social skills that will allow him to succeed in interviews.

Statement 24	Combined Agree Scores
Group given no label	70.99%
Group given label	46.0%

On four of the five statements, results indicated the child with no label was perceived more positively. For more information, survey results for each of these statements are provided in APPENDIX H, Table 3 and Table 4.

Behaviors Consistent with ASD: statements 3, 4, 6, and 25 (APPENDIX G)

regarded behaviors commonly associated with ASD such as self-injurious behaviors, repetitive behaviors, and requiring help with daily functional tasks. All of the statements in this section predicted a more positive future for the child if participants disagreed with the statement. Below you will find each survey statement with its corresponding disagree totals (strongly disagree scores + disagree scores).

Statement 3: The child in today's video showed signs consistent with Autism Spectrum Disorder.

Statement 3	Combined Disagree Scores
Group given no label	76.34%
Group given label	52.0%

Statement 4: The child in today's video will resort to self-injurious behaviors when in an uncomfortable or overwhelming situation.

Statement 4	Combined Disagree Scores
Group given no label	84.73%
Group given label	85.0%

Statement 6: The child in today's video will have repetitive patterns of behavior such as easily fixating to the same play object every day.

Statement 6	Combined Disagree Scores
Group given no label	53.43%
Group given label	31.0%

Statement 25: The child in today's video will require help to complete daily functional tasks such as cooking meals or going grocery shopping.

Statement 25	Combined Disagree Scores
Group given no label	80.15%
Group given label	70.0%

On three of four statements, participants given no label perceived the child with less signs consistent with ASD than the group given a label. For more information,

survey results for each of these statements are provided in APPENDIX H, Table 5 and Table 6.

Social Skills: statements 5, 8, 9, 10, 14, 20, 22, and 23 (APPENDIX G) regarded the social skills of the child such as making friends, gaining popularity, sharing emotions with others, relationships with the opposite gender, and initiation of social interactions.

The scores were analyzed to find the highest percentage that corresponded with a more positive perception for the child in the video. Five statements in this section projected a more positive future for the child if participants agreed with the statement; three statements in this section projected a more positive future for the child if participants disagreed with the statement (statements 8, 10, and 23). Below you will find each survey statement with its corresponding disagree totals (strongly disagree scores + disagree scores) or agree totals (strongly agree scores + agree scores).

Statement 5: The child in today's video will easily make friends with other children in kindergarten within the first week or two of school.

Statement 5	Combined Agree Scores
Group given no label	83.21%
Group given label	73.0%

Statement 8: The child in today's video exhibited *inappropriate* social behavior.

Statement 8	Combined Disagree Scores
Group given no label	90.07%
Group given label	92.0%

Statement 9: The child in today's video will gain more friends in middle school and rise in popularity.

Statement 9	Combined Agree Scores
Group given no label	70.99%
Group given label	40.0%

Statement 10: The child in today's video will share interests and emotions with others *less* often.

Statement 10	Combined Disagree Scores
Group given no label	62.59%
Group given label	49.0%

Statement 14: The child in today's video will easily have a girlfriend during high school.

Statement 14	Combined Agree Scores
Group given no label	75.57%
Child given label	47.0%

Statement 20: The child in today's video will meet a girl in college and get married soon after he graduates.

Statement 20	Combined Agree Scores
Group given no label	72.52%
Group given label	52.0%

Statement 22: The child in today's video will be remembered as the most friendly and social guy that everyone always wanted to talk to.

Statement 22	Combined Agree Scores
Group given no label	65.65%
Group given label	50.0%

Statement 23: The child in today's video will fail to initiate social interactions.

Statement 23	Combined Disagree Scores
Group given no label	78.63%
Group given label	68.0%

On seven of eight statements regarding social skills, participants given no label perceived the child in the video as more successful than the participants given a label. For more information, survey results for each of these statements are provided in APPENDIX H, Table 7 and Table 8.

## Conclusions

Twenty-five statements examined the following categories in regard to the child's future success: educational success, typical development, behaviors associated with ASD, and social skills.

Overall, the participants who were given an ASD label for the child had less positive perceptions regarding the child's future success than those participants who were provided with no label. Of the 25 statements, 88% (n = 22) were rated with less positive perceptions from the group given a label as compared to 12% (n = 3) for the group given no label. These results supported my hypothesis that an individual who was given no label for the child would predict a more successful future for the child.

## Discussion

This study suggested that a diagnostic label does affect a college students' perception of an individual. All participants were shown the same video of a child with typical development engaged in play with the student researcher, however, some participants were told the child in the video had a label of ASD, while others were told nothing regarding a diagnosis. Participants who were told a diagnostic label for the child in the video had overall less positive perceptions of the child.

The results of this study support previous research findings that a label can impact how a child is perceived. Therefore, individuals should take caution when using diagnostic labels in order to guard against negative perceptions others may have for the child throughout his/her life.

### Limitations

Application of these results is limited due to the small sample size ( $n = 231$ ) and to the lack of equal representation among the four levels of classification (e.g. freshman, sophomore). The student researcher would have preferred equal numbers of participants among the four classifications.

Another limitation is that statements were designed categorically following administration of the survey, rather than during survey development. This resulted in unequal statement totals among the four categories. Equal numbers among the four categories may have provided more conclusive results.

Additionally, the four-minute video included occurrences of developmental disfluencies. The student researcher interpreted these to be two instances of normal disfluencies and did not edit them from the video. The perception of a less successful future may have been due to the participants' misinterpretation of these two events and not because they were provided a label. If the study were replicated, the student researcher would analyze the video more closely prior to its use in the study.

### Future Research

1. Future research should explore type and/or amount of experience as variables in positive versus negative perceptions of a child labeled with ASD.
2. Future research may also want to expand this study to include other/additional diagnostic labels.



## Personal Connection

In 2010 I had the privilege to volunteer with Special Olympics Arkansas for the first time. I was provided the opportunity to work the Special Olympics Arkansas Area 10 Track and Field Event for adults with intellectual disabilities. I had no idea the impact this one day of volunteering would have on the rest of my life. One day of helping work the bocce event turned into a lifetime of volunteering and loving spending time with individuals with special needs.

After this event I was invited to become a part of the Special Olympics Arkansas Youth Activation Committee (SO YAC). This is a committee comprised of athletes and partners (athlete refers to an individual with intellectual disabilities and partner refers to an individual without intellectual disabilities) across the state of Arkansas that work together to organize, plan, and run sporting and inclusion events across the state. Through my involvement with SO YAC, I was provided the opportunity to create one of the very first Special Olympics Partner's Club in the state of Arkansas.

Alongside two fellow students, I founded the Bryant High School Partner's Club. This club was created with three main goals: unified sports, youth leadership/advocacy, and school-wide inclusion activities. Throughout our first year of foundation we had 400 students join the club. Members participated in monthly meetings encouraging inclusion of individuals with intellectual disabilities at our school, school-wide pep rallies in support of our athletes, and three different unified sports teams that competed across the state. During my two years as president of the club I was blessed with the opportunity to befriend many individuals at my high school with intellectual disabilities and spend time with them. Whether it was practicing for sports in the old basketball gym, traveling to Siloam Springs for a floor-hockey tournament, or chanting at the top of my lungs at the

pep rally for our athletes, I was blessed with amazing new friendships and perspectives on life.

Alongside my involvement with Special Olympics Arkansas, I had the privilege to join a program called rEcess. The organization 99 Balloons, which is a non-profit organization created to serve families with children with special needs, created a smaller program called rEcess that is a once a month respite care for families with children with special needs. The program was named after a young boy, Eliot, that lived 99 days on this earth and therefore has a capital "E" in its name to honor him.

My time spent at rEcess and Special Olympics events quickly became my favorite parts of my weeks. Volunteering once a month for rEcess opened my eyes to the abilities and joy of individuals with special needs. I learned what real joy looked like and what it meant to live in the present. In addition to this, I gained multiple friends with intellectual disabilities that I still enjoy spending time with to this day.

Throughout my work with these two organizations, I realized that I wanted my future career to include working with individuals with intellectual disabilities. After much research I came to the conclusion that I wanted to become a speech-language pathologist. I believed that this profession would provide me the opportunity to do multiple things I loved: work with individuals with special needs and advocate for individuals who can't on their own.

Upon arrival at Ouachita Baptist University and joining the Carl Goodson Honors Program, I looked for a way to incorporate all of my favorite things into a research project. We studied an article in one of my Communication Sciences and Disorders classes that researched into effects of 3 diagnostic labels on teachers' perceptions of students. These 3 diagnostic labels were: learning disability, dyslexia, and gifted/talented.

This research fascinated me and sparked an interest in the possible positive and negative effects of a label on a child. With the help of my professor and director of my honors thesis, Dr. Nancy Hardman, we designed a research project that combined all of my topics of interest: diagnostic labels, individuals with special needs, and speech-language pathology.

Spending my time creating this project and carrying out the research has been such a fun task to undertake. It has shown me how important it is to educate others around me to the abilities of individuals with special needs. I want to continue spending my life reminding my peers of the capabilities of individuals with intellectual disabilities and encouraging people-first attitudes: a child first, then an individual who has Autism Spectrum Disorder.

APPENDIX A: Survey Cover Letter

## Survey Cover Letter

Thank you for voluntarily participating in this undergraduate research project to determine college students' perceptions of children.

The survey should take no longer than 10 minutes & completed survey responses will remain confidential. Results will be compiled and presented only in aggregate form – responses will not be reported in individual format. As partial fulfillment of the OBU honors program, I will present the survey results in a published thesis that will be presented at OBU Scholar's Day in Spring 2019.

Dr. Nancy Hardman, CCC-SLP is the faculty sponsor of this project.

Thank you for your time.  
Sarah Cowell – Senior CMDS student  
Ouachita Baptist University

NOTE: This research has been approved by the Institutional Review Board (IRB) of Ouachita Baptist University.

APPENDIX B: Informed Consent Form

**Informed Consent Form:**

Please read this consent agreement carefully before you decide to participate in the study.

The purpose of the study is to determine the effects of college students' perceptions of children.

The information you provide in the study will be handled confidentially and your participation in the study is completely voluntary. You have the right to withdraw from the study at any time and you will receive no payment for participating in the study.

The video should take no longer than 4 minutes to watch and the survey afterwards should take no longer than 10 minutes. Completed survey responses will remain confidential. Results will be completed and presented only in aggregate form – responses will not be reported in individual format.

As partial fulfillment of the OBU honors program, I will present the survey results in a published thesis that will be presented at OBU Scholar's Day in Spring 2019.

Dr. Nancy Hardman, CCC-SLP is the faculty sponsor of this project.

If you have concerns about the study, please contact:

Communication Sciences & Disorders Department  
OBU Box 3763  
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Faculty Advisor: Dr. Nancy J. Hardman, CCC-SLP

You may contact the following person regarding your rights in this study: Dr. Wesley Kluck  
Chair Institutional Review Board OBU Box 3758 410 Ouachita Street Ouachita Baptist  
University

**I have read and understand this document and have had the opportunity to have my questions answered. Completion of the survey indicates my agreement to participate in this study and affirms that I am 18-years of age or older.**

This research has been approved by the Institutional Review Board (IRB) of Ouachita Baptist University.

APPENDIX C: Parental Permission Form



Parental Permission Form

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to participate in a study for Sarah Cowell's honors thesis at Ouachita Baptist University. I understand that my child's information will be used specifically for educational purposes for OBU Students, as well as outside sources.

Parent/Guardian's Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

APPENDIX D: Photo Release Permission Form

### Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of this semester for publicity, promotional and/or educational purposes (OBU Honors Thesis). I do this with full knowledge and consent and waive all claims for compensation for use or for damages.

Yes, I give consent for OBU Speech Students to photograph my child for school purposes and/or at school events.

No, I do not authorize OBU Speech Students to photograph my child for any event.

Parent/Guardian's Printed Name: \_\_\_\_\_ Date 11-1-18

Parent/Guardian's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

APPENDIX E: Institutional Review Board Human Subjects Application

**Ouachita Baptist University  
Institutional Review Board  
Human Subjects Review Application Cover Sheet**

**Submission Date:** Fall 2018

**Project Title:** Effects of Diagnostic Labels on College Students' Perceptions of Children

**Project Personnel**

<u>Name</u>	<u>Dept.</u>	<u>School</u>	<u>Faculty, staff, student</u>
Principle Investigator Sarah Cowell	CMDS	Natural Sciences	Student

**PI contact information:**

e-mail- cow62625@obu.edu telephone- 501-920-6694 campus box- 3260

**Suggested project classification:** Exempt  Nonexempt

**Estimate of risk to subjects:** None:  Low  Moderate  High

**Proposed Project Dates:** 1/15/19-2/12/19

**Estimated number of participants** 100

**Research Sponsors:** Dr. Nancy J. Hardman, CCC-SLP

**Submission Status:**

New Project  
 Renewal or Continuation  
 Change in Procedure for Previously Approved Project  
 Annual Review  
 Resubmission

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**Action of the Research Committee**

Project Number \_\_\_\_\_ Approve   
Approve with minor revision  Defer for revisions  Disapprove

## **Human Subjects Application Checklist**

### **Detailed project description**

#### **Selection of subjects**

##### **Method of recruitment & selection:**

The student researcher will select specific classes on campus to ask permission from the professor to utilize 10-15 minutes of class time to play the video and have students answer the survey; participants must be 18-years or older. The participants will be randomized into two different groups that will 1- be told the child has ASD and 2- be told the child is typically developing.

Family that has a child without Autism Spectrum Disorder (ASD)

##### **Recruitment advertisements or script** NA

#### **Demographics- Ages and gender, etc.**

##### **Participants**

Ouachita Baptist University- Arkadelphia, AR

1. Gender- Male and Female
2. Age- 18 and above
3. Major
4. School that your major falls under
5. Previous completed coursework specific to ASD
  - a. If yes, number of courses
6. Previous experience working with individuals identified with ASD
  - a. If yes, type of experience
  - b. Length of experience

##### **Compensation** NA

#### **Compensation conditions and schedule of payment**

Participants will receive no compensation for completing the survey

#### **Location and duration of experiment**

Student researcher will set up the video in a classroom either in Mo Pro 1 or in the classroom of the participating students. After the video is shown, a Survey Monkey link will be provided to the students to enter into their phones or computers in order to complete the survey. The experiment should take no longer than 15 minutes.

#### **Investigator's relationship to subjects**

Potential participants are campus peers of the student researcher at OBU.

#### **Alternatives to participation**

Participation is voluntary

### **Purpose of Study**

To determine the effects of diagnostic labels on college students' perceptions of individuals with Autism Spectrum Disorder.

### **Research Procedures**

#### **Physical/Behavioral aspects**

Participants will view a 4-minute video and then complete an online survey.

#### **Deception or Coercion**

Half of the participants will be deceived and told that the child in the video has Autism Spectrum Disorder, even though the child in the video will actually not have ASD. This will allow the student

researcher to compare the results of the survey for college students who think a child has ASD and for those who do not think a child has ASD.

Participants will not be told the entire purpose of the study in order to help keep results of the study accurate. Rather than informing participants that the study is college students' perceptions of individuals with Autism Spectrum Disorder, they will be told that the study is about college students' perceptions of individuals.

#### **Debriefing opportunities**

Participants will be given the option of viewing results by attending Scholar's Day in the spring and hearing the results of the student researcher's thesis project.

#### **Survey/Assessment Instrument(s)**

The 4-minute video will be provided to watch in a classroom on a projector. After the video, the survey link will be provided for participants to complete a 25 question Survey Monkey.

The survey will consist of 25 questions with 4 response options: strongly disagree, disagree, agree, and strongly agree. The survey will be completed online and should take no longer than 10 minutes to complete.

#### **Required policy statements**

##### **Benefits to the individual and to the university and to humanity**

To provide knowledge and opportunities that may raise awareness about the effects of diagnostic labels

##### **Risks to the participant**

No known risks

##### **Comparison of risks and benefits**

NA

##### **Procedures for minimizing risk**

NA

##### **Procedures for maintaining confidentiality of data**

Family is aware that their child's name and face will be used, and they have signed a permission form.

Student researcher will have no knowledge of who completes the surveys as the responses through Survey Monkey are anonymous and participation is optional.

##### **Procedures for final disposition of data**

As a requirement for an honors thesis, the student researchers will participate in Scholar's Day in the spring of 2019 to present data and findings to those who attend.

#### **Conflict of interest statement**

No known conflict of interest

#### **Elements of Informed Consent Included:**

- X Informed Consent Form
- X Parental permission form
- NA Assent form for minors ages 7-17
- NA Justification for waiver of consent or signed consent
- X Cover letter for survey

- NA Telephone script for telephone surveys
- NA Information sheet
- X Videotape/audiotape release form



APPENDIX F: Demographic Questions

### Demographic Questions:

1. What is your gender?
  - a. Male
  - b. Female
2. What is your classification?
  - a. Freshman
  - b. Sophomore
  - c. Junior
  - d. Senior
3. What school contains your major?
  - a. School of Natural Sciences
  - b. School of Christian Studies
  - c. School of Social Sciences
  - d. School of Fine Arts
  - e. School of Business
  - f. School of Humanities
  - g. School of Education

### Demographic Questions after the Survey Statements:

1. Have you previously completed coursework specific to Autism Spectrum Disorder?
  - a. Yes
  - b. No
2. How many courses have you completed?
  - a. 1
  - b. 2-5
  - c. 6-10
  - d. 10+
3. Do you have previous experience working with individuals with Autism Spectrum Disorder?
  - a. Yes
  - b. No
4. What type of experience have you had working with individuals with Autism Spectrum Disorder (ASD)?
  - a. Volunteer working with individuals with ASD
  - b. Teacher of an individual with ASD
  - c. Personal relationship with an individual with ASD
  - d. Related to an individual with ASD
  - e. Other (please specify)
5. How long have you worked with individuals with Autism Spectrum Disorder?
  - a. 6 months or less
  - b. 6 months – 1 year
  - c. 1 – 2 years
  - d. 2 – 5 years
  - e. 5 – 10 years
  - f. 10+ years

## APPENDIX G: Survey

### Survey Statements:

1. The child in today's video will start kindergarten on time.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
2. The child in today's video will graduate kindergarten on time  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
3. The child in today's video showed signs consistent with Autism Spectrum Disorder.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
4. The child in today's video will resort to self-injurious behaviors when in an uncomfortable or overwhelming situation.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
5. The child in today's video will easily make friends with other children in kindergarten within the first week or two of school.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
6. The child in today's video will have repetitive patterns of behavior such as easily fixating to the same play object every day.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
7. The child in today's video will require *NO* tutoring sessions or extra help in the classroom to achieve success in elementary school.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
8. The child in today's video exhibited *inappropriate* social behavior.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
9. The child in today's video will gain more friends in middle school and rise in popularity.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
10. The child in today's video will share interests and emotions with others *less* often.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
11. The child in today's video will require extra help to succeed in school.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
12. The child in today's video will be a first-string "starter" in every sport that he chooses to participate.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
13. The child in today's video exhibited behaviors of a child with typical development.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
14. The child in today's video will easily have a girlfriend during high school.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
15. The child in today's video will graduate high school within the top 10% of his class.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree

16. The child in today's video will get accepted into a college university.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
17. The child in today's video will serve as a leader of a club on his college campus.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
18. The child in today's video will graduate with his undergraduate degree within 4-  
years.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
19. The child in today's video will graduate with a double major from his university.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
20. The child in today's video will meet a girl in college and get married soon after he  
graduates.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
21. The child in today's video will win the "most likely to succeed award" from his  
college university.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
22. The child in today's video will be remembered as the most friendly and social guy  
that everyone always wanted to talk to.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
23. The child in today's video will fail to initiate social interactions.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
24. The child in today's video will have charm and social skills that will allow him to  
succeed in interviews.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree
25. The child in today's video will require help to complete daily functional tasks  
such as cooking meals or going grocery shopping.  
a. strongly disagree    b. disagree    c. agree    d. strongly agree

## APPENDIX H: Data Tables

Table 1: Perceptions of the Child's Future Educational Skills

Educational Success								
Statement Number	Group given no label				Group given label			
	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
1	0.76%	9.16%	66.41%	23.66%	0.0%	13.0%	68.0%	19.0%
2	1.53%	12.21%	62.60%	23.66%	0.0%	19.0%	66.0%	15.0%
7	4.58%	57.25%	37.40%	0.76%	11.0%	66.0%	22.0%	1.0%
11	5.34%	51.15%	42.75%	0.76%	5.0%	32.0%	55.0%	8.0%
15	0.0%	40.46%	57.25%	2.29%	4.0%	56.0%	37.0%	3.0%
16	0.76%	1.53%	87.02%	10.69%	0.0%	7.0%	76.0%	17.0%
18	0.76%	12.21%	83.21%	3.82%	0.0%	21.0%	69.0%	10.0%
19	1.53%	62.60%	35.88%	0.0%	3.0%	67.0%	29.0%	1.0%

Table 2: Perceptions of the Child's Future Education Skills Totals

Educational Success				
Statement Number	Group given no label		Group given label	
	Combined Disagree Scores	Combined Agree Scores	Combined Disagree Scores	Combined Agree Scores
1	9.92%	90.07%	13.0%	87.0%
2	13.74%	86.26%	19.0%	81.0%
7	61.83%	38.16%	77.0%	23.0%
11*	56.49%	43.51%	37.0%	63.0%
15	40.46%	59.54%	60.0%	40.0%
16	2.29%	97.71%	7.0%	93.0%
18	12.97%	87.03%	21.0%	79.0%
19	64.13%	35.88%	70.0%	30.0%

Key for Table 2	
Highlighted answers	Results that show a more positive future success for the child
Highlighted answers	Results that when compared to the other survey results show a less successful educational future for the child

Statements marked with a \* indicate a disagree score resulted in a more positive future for the child in the video.

Table 3: Perceptions of the Child's Behavior in regard to Typical Development

Typical Development								
Statement Number	Group given no label				Group given label			
	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
12	2.29%	68.70%	27.48%	1.53%	11.0%	76.0%	12.0%	1.0%
13	0.0%	22.14%	60.31%	17.56%	2.0%	20.0%	60.0%	18.0%
17	0.76%	38.93%	58.02%	2.29%	6.0%	58.0%	31.0%	5.0%
21	3.05%	57.25%	39.69%	0.00%	6.0%	68.0%	24.0%	2.0%
24	0.00%	29.01%	67.94%	3.05%	8.0%	46.0%	39.0%	7.0%

Table 4: Perceptions of the Child's Behavior in regard to Typical Development Totals

Typical Development				
Statement Number	Group given no label		Group given label	
	Combined Disagree Scores	Combined Agree Scores	Combined Disagree Scores	Combined Agree Scores
12	70.99%	29.01%	87.0%	13.0%
13	22.14%	77.87%	22.0%	78.0%
17	39.69%	60.49%	64.0%	36.0%
21	60.3%	39.69%	74.0%	26.0%
24	29.01%	70.99%	54.0%	46.0%

Key for Table 4	
Highlighted answers	Results that show a more positive future for the child
Highlighted answers	Results that when compared to the other survey results show a less successful future for the child



Table 5: Perceptions of the Child’s Behavior in regard to Behaviors Consistent with ASD

Behaviors Consistent with ASD								
Statement Number	Group given no label				Group given label			
	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
3	10.69%	65.65%	23.66%	0.0%	9.0%	43.0%	43.0%	5.0%
4	18.32%	66.41%	15.27%	0.0%	16.0%	69.0%	14.0%	1.0%
6	9.92%	43.51%	36.64%	9.92%	13.0%	18.0%	57.0%	12.0%
25	22.9%	57.25%	18.32%	1.53%	18.0%	52.0%	26.0%	4.0%

Table 6: Perceptions of the Child’s Behavior in regard to Behaviors Consistent with ASD

Totals

Behaviors Consistent with ASD				
Statement Number	Group given no label		Group given label	
	Combined Disagree Scores	Combined Agree Scores	Combined Disagree Scores	Combined Agree Scores
3*	76.34%	23.66%	52.0%	48.0%
4*	84.73%	15.27%	85.0%	15.0%
6*	53.43%	46.56%	31.0%	69.0%
25*	80.15%	19.85%	70.0%	30.0%

Key for Table 6	
Highlighted answers	Results that show a more positive future for the child
Highlighted answers	Results that when compared to the other survey results show a less successful future for the child

Statements marked with a \* indicate a disagree score resulted in a more positive future for the child in the video.

Table 7: Perceptions of the Child's Social Skills

Social Skills								
Question Number	Group given no label				Group given label			
	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
5	1.53%	15.27%	64.89%	18.32%	1.0%	26.0%	57.0%	16.0%
8	25.95%	64.12%	9.92%	0.0%	33.0%	59.0%	8.0%	0.0%
9	0.0%	29.01%	67.94%	3.05%	5.0%	55.0%	36.0%	4.0%
10	5.34%	57.25%	36.64%	0.76%	2.0%	47.0%	49.0%	2.0%
14	0.76%	23.66%	72.52%	3.05%	2.0%	51.0%	44.0%	3.0%
20	0.76%	26.72%	72.52%	0.0%	4.0%	44.0%	49.0%	3.0%
22	1.53%	32.82%	58.02%	7.63%	7.0%	43.0%	42.0%	8.0%
23	12.98%	65.65%	19.85%	1.53%	16.0%	52.0%	29.0%	3.0%

Table 8: Perceptions of the Child's Social Skills Totals

Social Skills				
Question Number	Group given no label		Group given label	
	Combined Disagree Scores	Combined Agree Scores	Combined Disagree Scores	Combined Agree Scores
5	16.8	83.21	27.0%	73.0%
8*	90.07	9.92%	92.0%	8.0%
9	29.01%	70.99%	60.0%	40.0%
10*	62.59%	37.4%	49.0%	51.0%
14	24.46%	75.57%	53.0%	47.0%
20	27.48%	72.52%	48.0%	52.0%
22	34.35%	65.65%	50.0%	50.0%
23*	78.63	21.38	68.0%	32.0%

Key for Table 8	
Highlighted answers	Results that show a more positive future for the child
Highlighted answers	Results that when compared to the other survey results show a less successful future for the child

Statements marked with a \* indicate a disagree score resulted in a more positive future for the child in the video.

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