The psychometric properties of the Attention–Distraction, Inhibition–Excitation Classroom Assessment Scale (ADIECAS) in a sample of children with moderate and severe intellectual disabilities

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ABSTRACT

1. Introduction

ADHD is the most commonly studied and frequently diagnosed psychiatric disorder of childhood (Barkley, 1990; Rowland, Abramowitz, & Lesesne, 2002) and the prevalence of ADHD is considered to be higher in children with an intellectual disability (ID) than in children with normal intelligence (Aman, Pejeau, Osborne, Rojahn, & Handen, 1996; Buckley et al., 2006; Fee, Matson, & Benavidez, 1994; Handen, McAuliffe, Janosky, Feldman, & Breaux, 1994; Pearson et al., 2004). A study by Hastings, Beck, Daley, and Hill (2005) found higher levels of ADHD-related symptoms in children with ID when compared to their typically developing siblings, even when age (chronological and mental) was controlled for. The authors concluded that ADHD may be a valid psychiatric diagnosis in this population of children. However, as many studies on ADHD have excluded children with ID (Gadow & Poling, 1988), thus limiting the extent to which the existing literature in this area provides an insight into the needs of this population.

Despite the evidence that children with ID can have ADHD-related symptoms the diagnosis is often missed. This is mainly because it can be very difficult to make the diagnosis of ADHD, in children with ID with many questions concerning the origin of inattentive symptoms (Cavanaugh, Fogas, & Tervo, 1997) and problems with attention possibly being secondary to a child’s cognitive deficit rather than due to ADHD. In addition, there are practical concerns regarding suitability and sensitivity of the tools for use with this population. The Conners’ Rating Scale (Goyette, Conners, & Ulrich, 1978) is the most commonly used scale for diagnosing ADHD and it has been used with the ID population. However, the Conners’ Rating Scale has not been widely validated in children with ID. Given that the diagnosis of ADHD is often overlooked due to the issue of ‘diagnostic overshadowing’–whereby there is a tendency by clinicians to overlook symptoms of mental health problems in this client group and attribute them to being part of having ID (Jopp & Keys, 2001) – it is essential that the tools used to examine these symptoms are suitable to the population.

A possible alternative is the Attention–Distraction, Inhibition–Excitation Classroom Assessment Scale (ADIECAS; Evans, 1975), which was developed specifically for use with this population. Initially developed as a 23-item measure, Evans and Hogg (1984) reported on the psychometric properties of a 16-item version of this scale with a sample of 138 children between the ages of 5 and 16 years and described two distinct factors. The attention–distraction (AD) factor was described as relating to attention/distractibility aspects of behaviour. The study found reliable correlation with verbal age and receptive language ability as assessed by the English Picture Vocabulary Test (Brimer & Dunn, 1962), with low EPVT scores predicting higher AD scores (Evans & Hogg, 1984). The authors described the second factor, inhibition–excitation (IE), as reflecting ‘generable excitability’ including impulsivity of action. They report that the IE factor did not correlate significantly with verbal age or quotient. Both factors showed good internal and test–retest reliabilities.

A small number of studies have explored the use of the ADIECAS in the ID population. Strand, Sturmy, and Newton (1990) explored the properties of the scale with a sample of 80 children with severe ID (mean age = 13 years, 10 months). While they found that the two factors reported by Evans and Hogg (1984) continued to show good internal reliability, they also explored the internal structure of the scale further. Four subscales were identified, with one replicating the original AD factor. This factor showed both good internal reliability and good concurrent validity with scales from the Peabody Picture Vocabulary Test (Dunn & Dunn, 1981) and the British Ability Scales (Elliott, Murray, & Pearson, 1979). However, Strand et al. report that the IE scale was not replicated in the same way, and suggest the presence of additional factors of verbal expressiveness and responsivity to consequences. They attribute this factor structure to some extent to the older sample accessed in their study and the small number of items loaded on these scales. In another study, Turner, Sloper, and Knusen (1991)
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