



Psychometric properties of ADHD rating scales among children with mental retardation

II: Validity

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Received 7 April 2003; received in revised form 17 November 2003; accepted 20 November 2003

Abstract

The validity of hyperactivity rating scales in children with mental retardation was evaluated. Forty-eight children with mental retardation were rated by parents, teachers and teaching assistants on rating scales measuring Attention Deficit/Hyperactivity Disorder (ADHD) as part of a related investigation. In addition, direct observations were conducted using the Abikoff Classroom Observation Code. The concurrent validity of each scale was examined. Scales completed by both teachers and teaching assistants were found to provide valid information for the assessment of ADHD in mentally retarded children. Results provided the best support for the ABC-C in the assessment of ADHD in mentally retarded children.

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Keywords: ADHD; mental retardation; Classroom Observation Code

1. Introduction

Validity is the most important property of any measure (Sattler, 2001). Validity depends on reliability, and in the first article of this series, Miller, Fee, and Netterville (in press) found good support for the reliability of teacher-completed Attention Deficit/Hyperactivity Disorder (ADHD) scales when used to evaluate

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children with mental retardation. The same was true for measures completed by teaching assistants. However, for parent report measures, whereas good internal consistency reliabilities were found, test–retest reliabilities were low. Interrater reliability was best for teacher-teaching assistant comparisons versus comparisons involving parent report measures.

Of all the measures evaluated, the best reliability was found for the Aberrant Behavior Checklist-Community (ABC-C; [Marshburn & Aman, 1992](#)).

In the assessment of behavioral difficulties in children with mental retardation, issues related to validity are of critical importance. Unfortunately, little work has been done to assess the validity of measures used to assess behavioral problems in this population. A few researchers have employed commonly used ADHD rating scales in groups of children with mental retardation providing some initial preliminary support for their validity. [Fee, Matson, and Benavidez \(1994\)](#) used the Conners' Teacher Rating Scale-39 and found it successfully distinguished a group of children with mental retardation and ADHD from a group of children with mental retardation only. Additionally, other researchers found the Conners' Parent and Teacher Rating Scales effectively distinguished children with intellectual functioning in the borderline range to moderate range of mental retardation with ADHD from their non-ADHD counterparts ([Abikoff, Gittelman, & Klein, 1980](#)).

In a medication study, children with ADHD and mental retardation or borderline intellectual functioning assessed pre-treatment using the Conner's scales continued to exhibit significant symptoms associated with ADHD at follow up assessment 7 weeks following the baseline measurement ([Handen, Janosky, McAuliffe, Breaux, & Feldman, 1994](#)). Thus, the Conners' scales appear to have some utility in assessing children with mental retardation. However, other researchers studying the Conners' Teacher Rating Scale found that teachers rated 33 of 100 adolescents with mild mental retardation above the cut-off point for a diagnosis of ADHD ([Melnyk & Das, 1992](#)). Therefore, it is unclear if there is a very high prevalence rate of ADHD in children with mental retardation or if there might be problems with scales used to diagnose this disorder. In sum, despite promising research in which a behavior rating scale was shown to distinguish groups of children with mental retardation with and without ADHD and evidence for the reliability of rating scales with this population, evaluating the validity of hyperactivity rating scales in children with mental retardation is still needed.

The purpose of the present study was to establish the validity of commonly used ADHD rating scales in children with mental retardation by comparing measures with each other and with direct observations of behavior. The goal was to determine scales with adequate validity when used with children of lower intelligence that could be useful for determining when intervention is warranted. The first hypothesis was that the concurrent validity of the rating scales would be best when comparing scales completed by raters in similar environments but low to adequate when comparing scales completed by raters in different environments. The second hypothesis was that the ABC-C would be shown to be the most valid

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