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Elementary school students with AD/HD: predictors of academic achievement

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Abstract

Academic underachievement frequently is associated with attention-deficit/hyperactivity disorder (AD/HD); however, the role of variables beyond AD/HD symptoms and cognitive mediators is unknown. Further, whether prediction models vary (a) relative to non-AD/HD students, (b) between math and reading, and (c) based on how achievement is defined has not been examined. Multiple measures (e.g., teacher ratings and behavior observations) were examined as predictors for concurrent achievement outcomes (standardized achievement test scores and report card grades) in math and reading in two samples of 1st through 4th grade children (136 with AD/HD, 53 without AD/HD). Teacher perceptions of academic skills were the strongest predictors of achievement test scores for both groups, while academic skills and enablers accounted for reading report card grades in children with AD/HD but not their normal counterparts. Implications of these findings for school-based assessment and intervention for students with AD/HD are discussed.

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Introduction

Numerous investigations indicate that the behavioral symptoms (i.e., inattention, impulsivity, and overactivity) of attention-deficit/hyperactivity disorder (AD/HD) are associated with concurrent and later academic underachievement (e.g., DeShazo Barry, Lyman, & Klinger, 2002; Fergusson & Horwood, 1995; Rapport, Scanlan, & Denny, 1999; Zentall, Smith, Lee, & Wieczorek, 1994). In fact, one of the most ubiquitous risks associated with AD/HD is poor scholastic outcome including higher than average frequencies of failing grades, grade retention, and school drop-out (e.g., Barkley, Fischer, Edelbrock, & Smallish, 1990; Mannuzza, Gittelman-Klein, Bessler, Malloy, & LaPadula, 1993). The relationship with academic underachievement appears to be specific to AD/HD-related behaviors and is not accounted for by comorbid conduct problems (Frick et al., 1991; Hinshaw, 1992; Rapport et al., 1999).

Investigations, to date, have examined the association between AD/HD symptoms and academic achievement at single or multiple points in time using correlational or structural equation modeling analyses, primarily with large nonreferred samples. For example, a series of longitudinal studies (Fergusson & Horwood, 1995; Fergusson, Horwood, & Lynskey, 1993; Fergusson, Lynskey, & Horwood, 1997) conducted with a sample of over 700 children in New Zealand has demonstrated clear linkages between AD/HD behaviors in elementary and middle school (based on maternal and teacher ratings) and later levels of academic achievement (middle school through age 18). Specifically, structural equation models indicated that early, high levels of AD/HD behaviors were associated with concurrent and later, lower levels of academic achievement.

Rapport et al. (1999) replicated the findings of Fergusson et al. by assessing AD/HD symptoms and scholastic achievement in an ethnically diverse sample of 325 Hawaiian schoolchildren. The relationship between early AD/HD symptoms (based on teacher ratings) and later academic achievement (based on a group-administered achievement test) was confirmed by these investigators. Further analyses indicated that the influence of AD/HD behaviors on scholastic status was mediated by both cognitive (e.g., memory) and behavioral (e.g., task engagement) variables.

Studies conducted with clinical samples of children diagnosed with AD/HD and related disruptive behavior disorders (i.e., Oppositional Defiant Disorder [ODD] and Conduct Disorder [CD]) have confirmed the specific relationship between AD/HD symptoms and academic achievement (Frick et al., 1991; Hinshaw, 1992). Recently, DeShazo Barry et al. (2002) examined the degree to which measures of AD/HD symptoms and executive functioning predicted academic underachievement in a sample of 66 children, including 33 children with AD/HD. Their findings demonstrated that symptoms of AD/HD independently predicted underachievement over and above variance accounted for by executive (i.e., cognitive) functioning. The total variance in achievement accounted for by the combination of predictors ranged from 15% to 28% depending on the academic subject area. These results imply that the greater the severity of AD/HD symptoms, the greater the degree of underachievement. Alternatively, a considerable amount of variance remains unaccounted for, thus necessitating identification of additional predictor variables.

The identification of factors that account for significant variance in achievement outcomes is important for both assessment and treatment of this disorder. Specifically,

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