Predicting the severity of attention deficit hyperactivity disorder (ADHD) in preschoolers is a task that requires the combined observations of the parent, teacher, and clinician, according to Dr. Sarah O’Neill of The City College of New York.

Her article, entitled “Reliable Ratings or Reading Tea Leaves: Can Parent, Teacher and Clinician Behavioral ratings at Preschoolers Predict ADHD at Age Six?”, published earlier this month in the Journal of Abnormal Child Psychology, found that behaviour ratings during a child’s preschool years were most likely to be predictive of later outcomes when all three informants flagged a child for showing signs of ADHD.

Characterized by developmentally inappropriate levels of inattention, hyperactivity, and impulsivity, ADHD is one of the most frequently diagnosed childhood psychiatric disorders. Although many studies focusing on school-aged children have shown that parents and teachers – rather than clinician observations alone – are more likely to assess ADHD accurately, scant evidence exists to support similar conclusions with preschoolers.

To address this gap in the research, O’Neill and colleagues followed a group of 104 hyperactive and/or inattentive three- and four-year-olds for a period of two years. Both parents and teachers rated the preschoolers’ behavior. In addition, clinicians, who were blind to parent and teacher reports, rated preschoolers’ behavior during a psychological testing session. By the time the children in the study reached age six, more than half (53.8 percent) had been diagnosed with ADHD. The likelihood of diagnosis increased when all three informants had rated the child as high on symptoms at age three or four.

After analyzing the reports separately, the research team found that parents’ reports were critical, particularly when combined with either teacher or clinician reports. At the same time, teacher reports alone were not as useful, despite the profession’s acknowledged acuity in flagging atypical development in other studies.

O’Neill and colleagues attributed the relative inability of educators’ reports to predict a child’s ADHD status over time to possible situational variables. Preschoolers may initially have difficulty adjusting to the structured classroom setting, but this disruptive behavior is time-limited to the transition to school. Teachers’ perceptions of “difficult” behavior may also be affected by factors such as classroom setting and size as well as their expectations of children’s behavior.

As a result of their findings, O’Neill and her team are emphasizing the importance of using information from multiple informants who have seen the child in different settings. Parent reports of preschoolers’ behavior appear to be crucial, but these alone are not sufficient. Being able to identify children at risk for poorer outcomes may help educators and clinicians to plan appropriate interventions.

“Consider a preschool child’s behavior in different contexts,” O’Neill emphasized in a Springer Select release about the research. “Although parents’ reports of preschoolers’ inattention, hyperactivity, or impulsivity are very important,” she added, “ideally we would not rely solely on them. At least for young children, the clinician’s behavioral observations appear to hold prognostic utility.”


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Can parent, teacher, and clinician behavioural ratings of preschoolers predict ADHD at age six?

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