

Development of an Instrument to Assess Families' Preferences and Goals for ADHD Treatment

Date:

Sep 2012

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OBJECTIVES: To describe the development and validation of an instrument to measure parents' attention deficit-hyperactivity disorder (ADHD) treatment preferences and goals.

METHODS: Parents of children 6 to 12 years of age diagnosed with ADHD in the past 18 months were recruited from 8 primary care sites and an ADHD treatment center (autism excluded). A 16-item medication, 15-item behavior therapy preference scale and a 23-item goal scale, were developed after a review of the literature, 90 parent and clinician semistructured interviews, and input from parent advocates and professional experts were administered to parents. Parent cognitive interviews confirmed item readability, clarity, content, and response range. We conducted an exploratory factor analysis and assessed internal consistency and test-retest reliability and construct and concurrent validity.

RESULTS: We recruited 237 parents (mean child age 8.1 years, 51% black, 59% from primary care, 61% of children medication naive). Factor analyses identified 4 medication preference subscales (treatment acceptability, feasibility, stigma, and adverse effects, Cronbach's α 0.74-0.87); 3 behavior therapy subscales (treatment acceptability, feasibility, and adverse effects, α 0.76-0.83); and 3 goal subscales (academic achievement, behavioral compliance, and interpersonal relationships, α 0.83-0.86). The most strongly endorsed goal was academic achievement. The scales demonstrated construct validity, concurrent validity ($r = 0.3-0.6$) compared with the Treatment Acceptability Questionnaire and Impairment Rating Scale and moderate to excellent test-retest reliability (intraclass coefficient = 0.7-0.9).

CONCLUSIONS: We developed a valid and reliable instrument for measuring preferences and goals for ADHD treatment, which may help clinicians more easily comply with new national treatment guidelines for ADHD that emphasize shared decision making.

Journal:

[American Academy of Pediatrics](#)

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