Accuracy of Achenbach Scales in the Screening of Attention-Deficit/Hyperactivity Disorder in a Community Mental Health Clinic

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Abstract

Objective
Use receiver operating characteristics analysis to identify multilevel diagnostic likelihood ratios and provide a framework for the diagnosis of attention-deficit/hyperactivity disorder (ADHD) in children (5-10 years) and adolescents (11-18 years) in an outpatient setting.

Method
Parent, teacher, and youth reports from the Achenbach System of Empirically Based Assessment (ASEBA) were obtained for 299 children and 321 adolescents with multiple imputations of missing data. The reference standard was a diagnosis of ADHD based on case history and a semi-structured diagnostic interview masked to the ASEBA measures.

Results
In children, caregiver-reported Attention Problems (area under the curve [AUC]=.74) outperformed all other subscales of the caregiver and teacher measures (AUCs<.72). In the older sample, caregiver- and teacher-reported Attention Problems (parent AUC=.73; teacher AUC=.61) were best at identifying ADHD. The inclusion of parent-and teacher-report significantly (all ps <.001) increased prediction of ADHD diagnosis whereas youth self-report did not.

Conclusion
Parent-reported Attention Problems were more useful than a teacher- and self-report in identifying ADHD. Combining parent and teacher report improved identification. Multilevel likelihood ratios are provided to facilitate routine clinical use.