



# Anxiety, Decision Conflict, and Health in Caregivers of Children with ADHD: A Survey

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Decision conflict;  
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Health

The purpose of this study was to test a theoretical model to determine the effect of caregiver anxiety and decision conflict on the health of caregivers of children with ADHD. Cross-sectional analyses were conducted on data derived from caregivers (aged 24–70). Participants completed the Decision Conflict Scale, the Zung Anxiety Scale, the Duke Health Profile, and a demographic form. A path model that fit well indicated that anxiety and decision conflict had direct and indirect effects on the caregivers' health. Future study is needed to clarify factors contributing to uncertainty and to decrease emotional symptoms for caregivers, thus promoting their mental health.

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BASED ON *DSM-V* criteria, attention-deficit hyperactivity disorder (ADHD) may manifest as inattention (attention-deficit), hyperactivity (hyperkinetic)/impulsivity, or a combined presentation (American Psychiatric Association, 2013). The prevalence of ADHD among American children aged 4–17 years increased to 11% in 2010 (Visser et al., 2014); for those of elementary school age, prevalence ranged from 9 to 11% (Wolraich et al., 2012) and was 8.7% among adolescents. Pooled worldwide prevalence is estimated at 6.8% of children and adolescents (Catala-Lopez et al., 2012). Boys are affected more than twice as often as girls (Visser et al., 2014).

## Background and Significance

Children with ADHD frequently display a variety of comorbid conditions. In one study, 46% of children with ADHD exhibited learning disabilities compared to only 5% without ADHD. Children with ADHD were also more likely to demonstrate conduct disorders, anxiety, depression, and speech problems (Larson, Russ, Kahn, & Halfon, 2011). In

another study, 33% of children with ADHD had one comorbid disorder, 16% had two disorders, and 18% had three other disorders. Data suggest that disease severity increases the risk of co-occurring psychological problems and academic difficulties in children with ADHD (Holling, Kurth, Rothenberger, Becker, & Schlack, 2008; Loe & Feldman, 2007). Caring for a child with ADHD who exhibits impaired academic, social, and family functioning creates psychological distress for caregivers (Lovell, Moss, & Wetherell, 2012). Caregivers may experience feelings of self-blame and inadequacy (Singh, 2004), depression, anxiety, stress, and an overall lower quality of life (Cussen, Sciberras, Ukoumunne, & Efron, 2012).

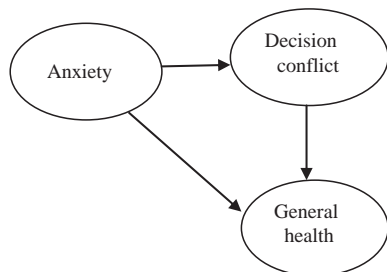
Caregivers often lack knowledge about causes, symptoms, and treatments for ADHD and fear over-diagnosis and misdiagnosis (Bailey et al., 2010); these factors influence advice-seeking to identify, understand, and accept the condition (dosReis, Mychailyszyn, Myers, & Riley, 2007), and creating emotional burden related to decision making (Brinkman et al., 2009). Cultural variability in health beliefs, knowledge, and information related to ADHD may lead to decision conflict between caregivers and medical

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professionals regarding the child's treatment (Bussing, Gary, Mills, & Garvan, 2007; Lipstein, Brinkman, & Britto, 2012). For example, multiple factors influence caregivers in their decisions to medicate children for ADHD. Some caregivers perceive that medications do not resolve the children's behavioral problems (Brinkman et al., 2009; Olaniyan et al., 2007), or express concerns about gene–environment interactions (e.g., nutritional influences) in ADHD (Banerjee, Middleton, & Faraone, 2007; Thapar, van den Bree, Fowler, Langley, & Whittinger, 2006).

Decision conflict is a state of uncertainty about a course of action to be taken when a choice among competing actions involves risk, loss, regret, or challenge to personal life values (Bulechek, Butcher, Dochterman, & Wagner, 2012). Decision conflict occurs when caregivers feel uncertain about choosing a course of action from similarly attractive or unattractive options (Pochon, Riis, Sanfey, Nystrom, & Cohen, 2008) or are confronted with decisions involving risks. Decision conflict may result in wavering among choices, delaying decisions, questioning personal values, and feeling emotionally distressed by the decision (O'Connor, 2010). Uncertainty occurs when one feels uninformed about the alternatives, benefits, and risks; is unclear about personal values; or feels unsupported or pressured in choosing a course of action (LeBlanc, Kenny, O'Connor, & Legare, 2009; O'Connor, 2010). The presence of decision conflict regarding effective strategies to address children's behavior problems may increase caregiver anxiety or disrupt family relationships and emotional balance (LeBlanc et al., 2009; Nelson, Han, Fagerlin, Stefanek, & Ubel, 2007).

Decision conflict and anxiety may have adverse effects on caregiver health and, ultimately, on family function (LeBlanc et al., 2009). No studies were found, however, that addressed the effects of conflict and anxiety on the health status of caregivers of children with ADHD. The purpose of this study was to explore levels of anxiety and decision conflict among caregivers of children with ADHD and to determine the effects of anxiety and decision conflict on caregiver health. The basic model tested is presented in Fig. 1. We hypothesized that the total effect of



**Figure 1** A model of the regressive dependencies representing a simple linear regression of anxiety on decision conflict and a multiple linear regression of decision conflict and anxiety on general health.

anxiety on caregiver health could be decomposed into its direct effect on health and the indirect effect mediated by decision conflict.

## Methods

A descriptive cross-sectional design was used for the study. Data were collected from caregivers of children seen for ADHD at a hospital psychiatric clinic in southern Taiwan. Permission to recruit participants was requested from clinic's center and one from the physicians. The study was approved by the hospital's institutional review board.

## Participants

Targeted participants were parents or other caregivers of children with physician diagnosed ADHD seen in one physician's clinic. Caregivers were included if they were able to read or speak Mandarin and had no life-threatening conditions or a history of adverse health events.

Caregivers were invited to join the study by the clinic physician after the children received medical services. Caregivers who expressed an interest in participating were then contacted by a member of the research team who explained the study and informed them of voluntary nature of participation and confidentiality of data, and that participation would not influence any future medical care. Caregivers who agreed to participate signed an informed consent form before data were collected.

## Instruments

Three questionnaires were used to collect data for this portion of a larger study. These included the Zung Self-rating Anxiety Scale (SAS), the general Decision Conflict Scale (DCS), and the Duke Health Profile. Each of these tools is discussed below. The reliability of questionnaires used in this study was assessed using Cronbach's alpha statistic to evaluate internal consistency. Construct validity was assessed by average variance extracted which evaluated convergent validity based on amount of variance extracted by the latent variable in relation to the amount of variance due to measurement error (Dillon & Goldstein, 1984). Results of these assessments are reported below.

## Anxiety

Caregiver anxiety was measured by the Zung Self-rating Anxiety Scale (SAS) (Zung, 1971). The measure consists of 20 items regarding the frequency with which respondents experienced various symptoms using a 4-point Likert scale ranging from 1 to 4 ("almost never," "sometimes," "often," and "almost always"). Six items were reverse coded for scoring purposes. Cumulative raw scores are converted to a standard anxiety index score by multiplying them by 1.25 (Liu et al., 2013). The possible score ranges from 27.50 to 82.5. The higher the index score, the greater the anxiety level displayed. According to the scoring rubric, scores below 45 indicate normal anxiety levels. Higher scores are classified as

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