

# Diagnostic Tools for the Initial Evaluation of ADHD and Monitoring Treatment Success

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# Disclosures

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- Michelle Shepard
  - I have no relevant financial relationships to disclose or conflicts of interest to resolve
  - I will discuss no unapproved or off-label pharmaceuticals

## David Rettew

- Royalties from Psychology Today and WW Norton publishers
- I will discuss no unapproved or off-label pharmaceuticals
- Colleague and former supervisee of Dr. Tom Achenbach

# Objectives:

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Describe and compare well know rating scales for ADHD and co-morbid conditions

Use clinical cases to describe utility of rating scales in different situations

# Screening vs. Assessment Tools

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## SCREENING

Evaluates the possible presence of a particular problem

Can be simple yes/no

Determines whether a more thorough evaluation is warranted.

## ASSESSMENT

Defines the nature of the problem

Contributes to diagnosis (DSM-5)

Used to develop specific treatment recommendations

Many require special training to administer and interpret

# Evaluating for ADHD

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## Initial Screening

## Full evaluation

- Interviews
- Bio-psycho-social history collection
- **Rating scales**
- Refer for additional assessments if needed
- Assess for co-occurring conditions

## Follow-up Visits

- Assessment of improvement
- Side effects

# Why use ADHD rating scales?

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“Scales and checklists help clinicians obtain information from adults, parents, teachers, and others about symptoms and functioning in various settings. Symptoms must be present in more than one setting (such as both at home and in school or work) to meet DSM-5 criteria for an ADHD disorder.”

<https://chadd.org/for-professionals/clinical-practice-tools/>

# Rating Scale Options

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Narrow band: focus on ADHD core symptoms

- ADHD Rating Scales (ADHD-RS-IV and 5)
- Swanson, Nolan and Pelham (SNAP) scale
- Adult ADHD Self Report Scale (ASRS)
- **Vanderbilt scales**
- **Conners' scales**

Broad band: assess multiple behavioral conditions

- **Achenbach Child Behavior Checklist (CBCL)**
- Behavior Assessment Scale for Children (BASC)
- Brown Attention Deficit Disorder Scales (BADDS)

# ADHD Rating Scale (ADHD-RS-V)

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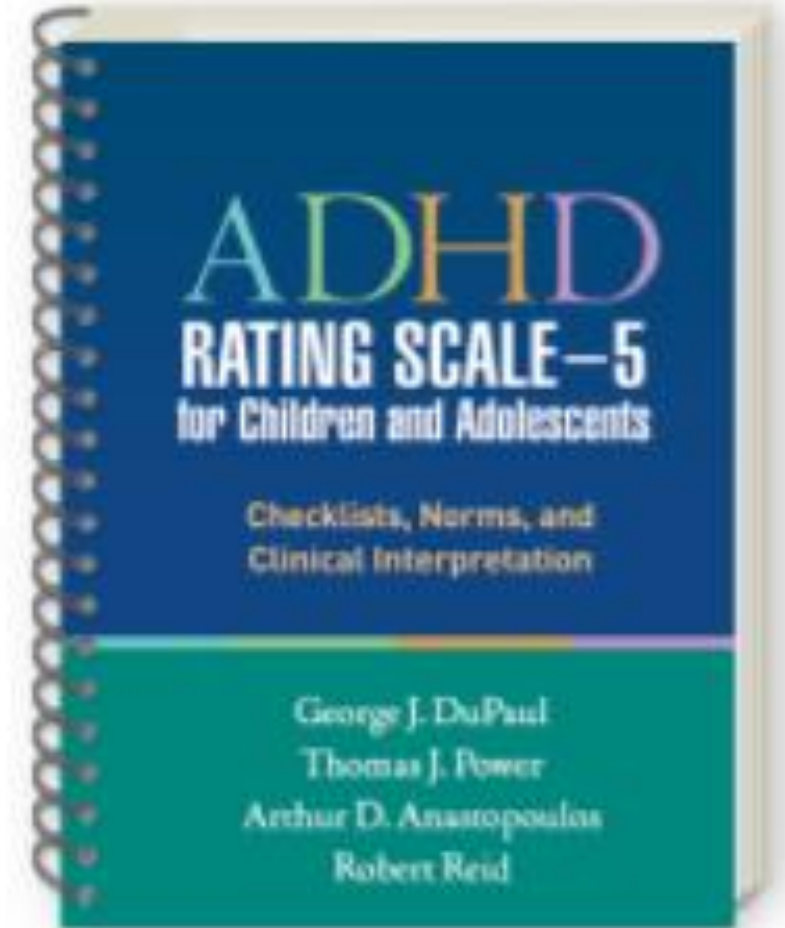
ADHD specific- 18 items (DSM-V criteria)

ADHD symptoms and severity in context of functional impairment domains

- relationships with significant others & peers
- academic functioning,
- behavioral functioning
- homework performance
- self-esteem

Used for diagnosis & assessing treatment outcome

Proprietary, but can photocopy once purchased





# Swanson, Nolan and Pelham (SNAP) scale

Full version 90 items, short version 26 items (ADHD & ODD symptoms based on DSM-IV criteria)

Cutoff scores but limited normative data

Free, can be downloaded from multiple sites

Quick to administer

**The SNAP-IV Teacher and Parent Rating Scale**  
James M. Swanson, Ph.D., University of California, Irvine, CA 92715

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Ethnicity (circle one which best applies): African-American Asian Caucasian Hispanic Other \_\_\_\_\_

Completed by: \_\_\_\_\_ Type of Class: \_\_\_\_\_ Class size: \_\_\_\_\_

For each item, check the column which best describes this child:

*Not At  
All*   *Just A  
Little*   *Quite  
A Bit*   *Very  
Much*

- |   |       |       |       |       |
|---|-------|-------|-------|-------|
| 1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks | _____ | _____ | _____ | _____ |
| 2. Often has difficulty sustaining attention in tasks or play activities                            | _____ | _____ | _____ | _____ |
| 3. Often does not seem to listen when spoken to directly  | _____ | _____ | _____ | _____ |
| 4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties  | _____ | _____ | _____ | _____ |
| 5. Often has difficulty organizing tasks and activities   | _____ | _____ | _____ | _____ |
| 6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort        | _____ | _____ | _____ | _____ |
| 7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)  | _____ | _____ | _____ | _____ |
| 8. Often is distracted by extraneous stimuli  | _____ | _____ | _____ | _____ |
| 9. Often is forgetful in daily activities   | _____ | _____ | _____ | _____ |

# Adult ADHD Self Report Scale (ASRS)

## Version 1.1

- Developed for the WHO based on DSM-IV criteria
- 18 items on 5-point Likert scale
  - First 6 questions (Part A) can be used alone as a screener
- Relatively good psychometrics but not designed to be a stand alone diagnostic tool
- Free

## 6 item screening tool for DSM-5 criteria

- Validated in small population by Usten et al., 2017

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name	Today's Date				
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.					
	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					
Part A					
7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
18. How often do you interrupt others when they are busy?					
Part B					

# Vanderbilt Scales

Developed by the National Institute for Children's Health Quality (NICHQ)

## AAP ToolKit includes

- Assessment Scales for Parent & Teachers
- Follow-up Scales for Parent & Teachers

## Two Components:

- Symptom assessment
  - higher scores= greater symptom frequency
- Performance impairment
  - higher scores= greater degree of impairment



The screenshot shows the AAP website's shopAAP section. At the top, there's a navigation bar with links for 'Publications', 'Professional Education', 'AAP Membership', and 'For Parents'. Below this is a search bar with the text 'Search by keyword, product name, or product number' and a 'Search' button. The main content area features a banner for 'COMING SOON! ADHD Toolkit, 3rd Edition'. The text describes the 3rd edition of 'Caring for Children with ADHD: A Practical Resource Toolkit for Clinicians' and mentions a new guideline titled 'ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents'. It also lists updates such as tools for identification, assessment, diagnosis, and management of common mental health symptoms, expanded resources for medication management, and a care process algorithm. A small image of the toolkit cover is shown on the right. At the bottom, there's a call to action: 'Have more than 1 provider? Want to integrate with your EHR? Learn More! Click Here!'.

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### COMING SOON! ADHD Toolkit, 3rd Edition

The 3rd edition of *Caring for Children with ADHD: A Practical Resource Toolkit for Clinicians* features a comprehensive collection of essential resources (24 all-new for this edition) to help clinicians become more comfortable with providing a medical home for children with ADHD.

Coming in Fall 2019, a new guideline titled: **ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents** will be published and will result in an update to the AAP recommendations for day-to-day care of patients with ADHD.

This framework of tools and forms, templates, scales, and coding references is a complementary resource to the new AAP Clinical Practice Guideline, to enable and empower the clinician to provide needed care to children with ADHD from birth to adulthood.

The 3rd edition includes full updates on

- Tools that focus on identification, assessment, diagnosis, and management of common mental health symptoms, inattention, impulsivity, and more.
- **Monitoring and follow-up tools—including expanded resources to assist with medication management and treatment.**
- ADHD care process algorithm—provides step-by-step instructions for implementing the guideline recommendations.
- Parent resources—brochures and fact sheets for medications, behavioral interventions, and school accommodations.

For institution or practice-wide site licenses, contact [institutions@aap.org](mailto:institutions@aap.org)

Have more than 1 provider?  
Want to integrate with your EHR? **Learn More! Click Here!**

# Vanderbilt Scales

INITIAL ASSESSMENT SCALES	FOLLOW-UP SCALES
<p>Symptom screens for:</p> <ul style="list-style-type: none"><li>◦ ADHD</li><li>◦ Oppositional-Defiant</li><li>◦ Conduct disorder</li><li>◦ Anxiety/depression</li></ul> <p>Impairment in school performance</p>	<p>Monitors change in symptom frequency and performance</p> <p>Assesses for medication side effects</p>

# Scoring initial assessments

To make the diagnosis of ADHD:

1. Positive for ADHD core symptoms
2. Performance impaired
3. Symptoms present in more than one environment

Parent Assessment Scale	Teacher Assessment Scale
<b>Predominantly Inattentive subtype</b> <ul style="list-style-type: none"><li>• Must score a 2 or 3 on 6 out of 9 items on questions 1–9.</li></ul> <u>AND</u> <ul style="list-style-type: none"><li>• Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48–54.</li></ul>	<b>Predominantly Inattentive subtype</b> <ul style="list-style-type: none"><li>• Must score a 2 or 3 on 6 out of 9 items on questions 1–9.</li></ul> <u>AND</u> <ul style="list-style-type: none"><li>• Score a 4 on at least 2, or 5 on at least 1, of the performance questions 36–43.</li></ul>
<b>Predominantly Hyperactive/Impulsive subtype</b> <ul style="list-style-type: none"><li>• Must score a 2 or 3 on 6 out of 9 items on questions 10–18.</li></ul> <u>AND</u> <ul style="list-style-type: none"><li>• Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48–54.</li></ul>	<b>Predominantly Hyperactive/Impulsive subtype</b> <ul style="list-style-type: none"><li>• Must score a 2 or 3 on 6 out of 9 items on questions 10–18.</li></ul> <u>AND</u> <ul style="list-style-type: none"><li>• Score a 4 on at least 2, or 5 on at least 1, of the performance questions 36–43.</li></ul>
<b>ADHD Combined Inattention/Hyperactivity</b> <ul style="list-style-type: none"><li>• Requires the criteria on Inattentive <u>AND</u> Hyperactive/Impulsive subtypes</li></ul>	<b>ADHD Combined Inattention/Hyperactivity</b> <ul style="list-style-type: none"><li>• Requires the criteria on Inattentive <u>AND</u> Hyperactive/Impulsive subtypes</li></ul>

# Vanderbilt Case

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8yr old male, no chronic medical problems

3<sup>rd</sup> grade teacher concerned about distractibility and difficulty staying on task at school. Often disrupts class and peers. Below grade level in reading

Parents concerned about problems listening at home, forgetting things, not being able to follow directions, and needing constant reminding

At initial visit history obtained and notable with father having problems with attention in school. Physical exam non-focal. Vanderbilt assessments discussed and sent with parents and to teachers.

## Sample Scored NICHQ Vanderbilt Assessment Scale: Parent Informant

Today's Date: 4-7-11  
 Child's Name: John Smith  
 Child's Date of Birth: 10-18-03  
 Parent's Name: Joe Smith and Jane Doe  
 Parent's Phone Number: 555-1212

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.  
 When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child

☐ was on medication ☒ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	②	3
2. Has difficulty keeping attention to what needs to be done	0	1	②	3
3. Does not seem to listen when spoken to directly	0	1	②	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	②	3
5. Has difficulty organizing tasks and activities	0	1	②	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	③
7. Loses things necessary for tasks or activities (toys, assignments, pencils, books)	0	1	②	3
8. Is easily distracted by noises or other stimuli	0	1	②	3
9. Is forgetful in daily activities	0	1	2	③
For Office Use Only 9 /9				
10. Fidgets with hands or feet or squirms in seat	0	1	2	③
11. Leaves seat when remaining seated is expected	0	1	②	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	③
13. Has difficulty playing or beginning quiet play activities	0	①	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	①	2	3
15. Talks too much	0	1	②	3
16. Blurts out answers before questions have been completed	0	1	②	3
17. Has difficulty waiting his or her turn	0	1	2	③
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	②	3
For Office Use Only 7 /9				

Symptoms (continued)	Never	Occasionally	Often	Very Often
19. Argues with adults	0	①	2	3
20. Loses temper	0	①	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	①	2	3
22. Deliberately annoys people	①	1	2	3
23. Blames others for his or her mistakes or misbehaviors	①	1	2	3
24. Is touchy or easily annoyed by others	0	①	2	3
25. Is angry or resentful	0	①	2	3
26. Is spiteful and wants to get even	①	1	2	3
For Office Use Only 0 /8				
27. Bullies, threatens, or intimidates others	①	1	2	3
28. Starts physical fights	①	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	①	1	2	3
30. Is truant from school (skips school) without permission	①	1	2	3
31. Is physically cruel to people	①	1	2	3
32. Has stolen things that have value	①	1	2	3
33. Deliberately destroys others' property	①	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	①	1	2	3
35. Is physically cruel to animals	①	1	2	3
36. Has deliberately set fires to cause damage	①	1	2	3
37. Has broken into someone else's home, business, or car	①	1	2	3
38. Has stayed out at night without permission	①	1	2	3
39. Has run away from home overnight	①	1	2	3
40. Has forced someone into sexual activity	①	1	2	3
For Office Use Only 0 /14				
41. Is fearful, anxious, or worried	0	①	2	3
42. Is afraid to try new things for fear of making mistakes	0	①	2	3
43. Feels worthless or inferior	0	①	2	3
44. Blames self for problems, feels guilty	0	①	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	①	1	2	3
46. Is sad, unhappy, or depressed	0	①	2	3
47. Is self-conscious or easily embarrassed	0	①	2	3
For Office Use Only 0 /7				

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Reading	1	2	3	4	⑤
49. Writing	1	2	3	④	5
50. Mathematics	1	2	③	4	5
For Office Use Only 4s: 1 /3 5s: 1 /3					
51. Relationship with parents	1	2	3	④	5
52. Relationship with siblings	1	2	3	④	5
53. Relationship with peers	1	2	3	④	5
54. Participation in organized activities (eg, teams)	1	2	③	4	5
For Office Use Only 4s: 3 /4 5s: 0 /4					



# Vanderbilt Review

## Parent Informant

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1-9: 9 ★

Total number of questions scored 2 or 3 in questions 10-18: 7 ★

Total number of questions scored 2 or 3 in questions 19-26: 0

Total number of questions scored 2 or 3 in questions 27-40: 0

Total number of questions scored 2 or 3 in questions 41-47: 0

Total number of questions scored 4 in questions 48-50: 1

Total number of questions scored 5 in questions 48-50: 1 ★

Total number of questions scored 4 in questions 51-54: 3 ★

Total number of questions scored 5 in questions 51-54: 0

*Physician Note: John Smith met DSM criteria for ADHD Combined Inattention/Hyperactivity.*

## Teacher Informant

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1-9: 9 ★

Total number of questions scored 2 or 3 in questions 10-18: 7 ★

Total number of questions scored 2 or 3 in questions 19-28: 0

Total number of questions scored 2 or 3 in questions 29-35: 0

Total number of questions scored 4 in questions 36-38: 1 ★

Total number of questions scored 5 in questions 36-38: 1 ★

Total number of questions scored 4 in questions 39-43: 2 ★

Total number of questions scored 5 in questions 39-43: 2 ★

Result: Symptoms consistent with ADHD combined presentation with Symptoms noted at home and school and impairment in school performance.



# 1 Month Follow-up

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Child started behavior therapy and stimulant medication

Vanderbilt Follow-up Assessment Parent Scales are reviewed

- Total number positive ADHD symptoms pre/post: 16/7
- Total symptom score pre/post: 39/24

No significant side effects reported

# Vanderbilt's

## PROS

Short, quick to complete

Easy to score by hand, no software needed

Allows calculation of symptom score that can be followed over time to monitor response to treatment

## CONS

No normative data

1<sup>st</sup> edition free but 2<sup>nd</sup> and upcoming 3<sup>rd</sup> editions available only by purchase from the AAP

# Conners' Scales

Developed by Keith Conners PhD


## Available Tools:

- Conners' Parent Rating Scale-Revised for parents/caregivers
- Conners' Teacher Rating Scale-Revised for teachers
- Conners-Wells' Adolescent Self-Report Scale for teenagers
- 3<sup>rd</sup> edition- contains parent, teacher, and self-report both full and short forms

The Conners Group of Companies 07/001

WPS  
Parent  
Self-Report

C-30012

 Your Name/ID: \_\_\_\_\_ Gender: ☐ M ☐ F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Age: \_\_\_\_ Grade: \_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions:** Here are some things that children and teenagers might say. Tell us, in your opinion, how true you think these things are about you. Think about yourself in the **past month**. Read each item carefully, then mark how true it is, or how often it happened to you in the **past month**.

0 = In the past month, this was **not true at all** about me. It never (or seldom) happened.  
1 = In the past month, this was **just a little true** about me. It happened occasionally.  
2 = In the past month, this was **pretty much true** about me. It happened often (or quite a bit).  
3 = In the past month, this was **very much true** about me. It happened very often (very frequently).

Please circle only one answer for each item. It is important to respond to every item.  
For items that you find difficult to answer, please give your best guess.

Rating:	0 = Not true at all (Never, Seldom)	2 = Pretty much true (Often, Quite a bit)
In the past month, this was...	1 = Just a little true (Occasionally)	3 = Very much true (Very often, Very frequently)

**CONNERS 3™ - Self-Report Short**

C. Keith Conners, Ph.D.

**Additional Questions:**

40. Do you have any other problems? \_\_\_\_\_

41. What are your main strengths or skills? \_\_\_\_\_

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# Conners' Scales

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## Symptom scales

- ADHD (18 items in the DSM-IV criteria)
- ODD/CD (DSM-IV criteria)
- Learning problems
- Executive functioning problems
- Peer/Family relations
- anxiety and depression

Full length and short versions

Validated for ages 6–18 years

# Conners' case

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14 yo boy with a history of adversity. He has had longstanding ADHD treated with multiple modalities in addition to PTSD. His disruptive behavior has improved with good foster care and treatment, although there is a question about his current level of ADHD symptoms.

The patient often is reluctant to take medications, claiming that he doesn't think they have a strong positive effect.

We agree to administer a rating scale to the same teacher during two week intervals that the patient is and is not taking medications. The teacher will not be informed about medication status.



### Male Profile: Ages 12–18

**Instructions:**

- Using the Raw Scores from the Scoring Grid, circle the raw score for each scale under the appropriate scale and age column.
- Follow the row across to either outside column to find the T-score for each scale.
- Connect the circled scores with straight lines to obtain the profile.

	Inattention					Hyperactivity/Impulsivity					Learning Problems/Executive Functioning					Aggression					Peer Relations															
T	IN					HY					LE					AG					PR					T										
	12	13	14	15	16	17	18	12	13	14	15	16	17	18	12	13	14	15	16	17	18	12	13	14	15	16	17	18	12	13	14	15	16	17	18	
80	+	+	+	+	+	15		16	14	15	14	14	+	+	16	14	12	15				6	8	6	7	7	6		10	9	6	7	8	8		80
89	+	+	+	15	+	14		+	+	13	14	+	+	+	+	+	+	+	+	+	+	+	7	+	+	+	+	+	+	+	+	+	+	+	+	89
88	+	+	+	+	+	+		+	+	13	14	+	+	+	+	+	13	18	14			+	+	+	+	+	+	+	+	+	+	+	+	+	88	
87	+	+	+	15	+			15	13	+	+	+	+	+	+	16	+	+	+	+	+	+	+	+	+	+	+	+	+	+	7	7	+	+	87	
86	+	+	+	+	+			+	13	12	13	+	+	+	18	18	+	+	+	+	+	+	5	+	+	+	+	+	9	8	+	+	+	+	86	
85	+	+	+	14	+	13		+	+	+	12	+	+	+	+	+	15	+	+	+	+	+	8	+	+	+	+	+	+	+	+	+	+	+	85	
84	15	+	+	+	14			14	+	+	+	+	+	+	+	12	+	13			+	+	8	+	+	6	+	+	8	6	+	+	+	+	84	
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79	+	+	+	12	+			+	11	10	11	+	+	+	+	+	13	+			+	+	5	+	+	+	+	+	+	+	+	+	+	+	79	
78	13	+	13	+	12	11		12	+	+	+	10		15	15	+	+	+			+	+	6	+	+	+	+	+	+	+	+	+	+	+	78	
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75	12	+	12	+	11	10		11	+	+	9	+	9	+	14	14	+	+	+			+	+	+	4	+	+	+	6	+	5	5	+	+	75	
74	+	14	+	+	+			+	+	+	+	+	+	+	+	11	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	74	
73	+	+	10	+	+			+	9	+	9	+	+	+	13	13	+	11	10		+	+	+	+	+	+	+	+	+	+	+	+	+	+	73	
72	11	13	11	+	10			10	+	9	8	+	8	+	+	+	9	+			+	+	+	+	+	+	+	+	6	+	+	+	+	+	72	
71	+	+	+	+	9			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	4	4	+	+	+	71	
70	+	+	+	9	+			+	8	+	8	+	+	+	12	12	10	+			+	3	+	+	+	+	+	+	5	+	+	+	+	+	70	
69	10	12	10	+	9			9	+	8	8	+	+	+	+	8	10	9	+			4	+	+	+	+	+	+	+	+	+	4	4	+	69	
68	+	+	+	+	8			+	7	+	7	+	+	+	11	+	+	+			3	+	+	+	+	+	+	+	5	+	+	+	+	+	68	
67	+	11	9	8	+			+	7	+	7	+	+	+	11	+	9	+			+	+	+	3	+	+	+	+	+	+	+	+	+	+	67	
66	9	+	+	+	8			8	+	7	+	+	+	+	+	+	9	+			+	+	3	+	+	+	+	+	+	+	+	+	+	+	66	
65	+	10	+	+	+			+	6	+	6	+	+	+	10	10	7	+	8		+	+	+	3	+	+	+	+	4	+	+	+	+	+	65	
64	+	8	7	+	7			+	+	+	+	+	+	+	+	8	+	+			+	+	+	+	+	+	+	+	+	3	3	+	+	+	64	
63	8	+	+	+	+			7	6	6	+	6	+	+	9	+	8	+			3	+	+	+	+	+	+	+	4	+	+	3	3	+	63	
62	+	9	+	7	+			+	+	+	+	+	+	+	9	+	+	7	+		+	2	+	+	+	+	+	+	+	+	+	+	+	+	62	
61	+	7	+	+	6			+	5	5	+	+	+	+	7	6	+	+			2	+	+	+	+	+	+	+	+	+	+	+	+	+	61	
60	7	8	+	6	+			6	5	+	5	+	+	+	8	8	+	7	+		+	2	+	2	+	+	+	+	3	+	+	+	+	+	60	
59	+	+	+	6	+			+	5	+	+	+	+	+	+	+	+	+			+	2	+	+	+	+	+	+	3	+	+	+	+	+	59	
58	+	7	6	+	+			+	+	4	4	+	+	+	+	+	6	+			+	+	+	+	+	+	+	+	+	2	2	+	+	+	58	
57	6	+	5	+	5			5	+	+	+	+	+	+	7	7	6	5	6	+		2	+	+	+	+	+	+	+	+	+	+	+	+	57	
56	+	5	5	+	+			4	4	+	+	+	+	+	+	+	+	+			+	+	+	+	+	+	+	+	+	+	+	2	+	+	56	
55	+	6	+	+	+			+	+	+	3	+	+	+	6	+	+	+	+		+	+	+	+	+	+	+	+	2	+	+	+	+	+	55	
54	5	+	4	+	4			4	+	3	3	+	+	+	6	+	5	5	5		1	+	1	+	+	+	+	+	2	+	+	+	+	+	54	
53	+	5	4	+	4			3	3	+	+	+	+	+	+	+	4	+			+	+	1	1	+	+	+	+	+	+	+	+	+	+	53	
52	+	+	+	+	+			+	+	+	+	+	+	+	5	5	+	+	+		+	+	+	+	1	+	+	+	+	+	+	+	+	+	52	
51	4	4	+	3	+			3	+	2	2	2	+	+	+	4	+	4	+		+	+	+	+	+	+	+	+	+	1	1	+	+	+	51	
50	+	+	3	+	3	3		2	+	+	+	+	+	+	4	+	4	+			+	1	+	+	+	+	+	+	+	1	+	+	+	+	50	
49	+	+	+	+	+			+	2	+	+	+	+	+	4	+	3	+			+	+	+	+	+	+	+	1	+	+	+	+	+	+	49	
48	3	3	2	2	+			2	+	+	1	+	+	+	+	3	+	+			+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	
47	+	+	+	2	2			+	+	1	1	+	+	+	3	+	3	3	+		+	0	0	+	+	+	+	+	+	+	+	+	+	+	47	
46	+	2	+	+	+			+	1	1	+	+	+	+	3	+	2	+			0	+	+	+	+	+	+	+	+	+	+	+	+	+	46	
45	2	+	1	1	+			1	+	+	+	0	+	+	2	+	+	+			+	0	+	+	0	+	+	0	0	0	0	0	0	+	45	
44	+	1	+	+	1	+		+	+	0	0	+	+	+	2	+	2	2	+		+	0	+	+	+	+	+	+	+	+	+	0	+	+	44	
43	+	+	+	+	1			+	0	0	+	+	+	+	+	+	+	2	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	43	
42	1	0	0	0	+			0	+	+	+	+	+	+	1	+	1	+			+	+	+	+	+	+	+	+	+	+	+	+	+	+	42	
41	+	+	+	0	+			+	+	+	+	+	+	+	1	+	1	+			+	+	+	+	+	+	+	+	+	+	+	+	+	+	41	
≤ 40	0	+	+	+	0			+	+	+	+	+	+	+	0	0	0	0	0	0	+	+	+	+	+	+	+	+	+	+	+	+	+	+	≤ 40	

### Validity Scale Guidelines

Instructions:

- Transfer the Raw Scores for both the Positive Impression (PI) and Negative Impression (NI) scales from the Scoring Grid. Determine if the raw score is categorized as *Probably Valid*, *Possibly Invalid*, or *Probably Invalid* by circling the corresponding number/range.

	Raw Score	Probably Valid	Possibly Invalid	Probably Invalid
Positive Impression	1	0-3	4	5-6
Negative Impression	4	0-2	3	4-6

**S** Copyright © 2008 Multi-Health Systems Inc. All rights reserved. In the United States, P.O. Box 950, North Tonawanda, NY 14120-0950, 1-800-456-3003. In Canada, 3770 Victoria Park Ave., Toronto, ON M2H 3M6, 1-800-268-6011, 1-416-492-2627, Fax 1-416-492-3343.

### Male Profile: Ages 12–18

**Instructions:**

- Using the Raw Scores from the Scoring Grid, circle the raw score for each scale under the appropriate scale and age column.
- Follow the row across to either outside column to find the *T*-score for each scale.
- Connect the circled scores with straight lines to obtain the profile.

[illegible]

## Validity Scale Guidelines

**Instructions:**

1. Transfer the Raw Scores for both the Positive Impression (PI) and Negative Impression (NI) scales from the Scoring Grid.
2. Determine if the raw score is categorized as *Probably Valid*, *Possibly Invalid*, or *Probably Invalid* by circling the corresponding number/range.

	Raw Score	Probably Valid	Possibly Invalid	Probably Invalid
Positive Impression	0	0-3	4	5-6
Negative Impression	0	0-2	3	4-6

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## No medication

## Taking medication

# Discussion points

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Rating scales can be useful in clearly showing treatment effects or lack thereof and can help resolve debates when there is a disagreement about treatment.

Even in cases of comorbidity and trauma, ADHD medications can be a useful part of treatment. The diagnosis of ADHD should not be taken off the table for people with a history of trauma but should be understood in context.

# Conners' Scales

## PROS

Excellent reliability and validity

Easy administration, scoring and interpretation

Large normative samples- provides t-scores based on age and sex

## CONS

Costly, pack of 25 is \$72.00



# Achenbach System of Empirically Based Treatment (ASEBA)

*Please print. Be sure to answer all items.*

Below is a list of items that describe children and youths. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- |  |   |
|--|---|
| 0 1 2 1. Acts too young for his/her age                                      | 0 1 2 32. Feels he/she has to be perfect                      |
| 0 1 2 2. Drinks alcohol without parents' approval (describe):                | 0 1 2 33. Feels or complains that no one loves him/her        |
| 0 1 2 3. Argues a lot  | 0 1 2 34. Feels others are out to get him/her                 |
| 0 1 2 4. Fails to finish things he/she starts                                | 0 1 2 35. Feels worthless or inferior                         |
| 0 1 2 5. There is very little he/she enjoys                                  | 0 1 2 36. Gets hurt a lot, accident-prone                     |
| 0 1 2 6. Bowel movements outside toilet                                      | 0 1 2 37. Gets in many fights                                 |
| 0 1 2 7. Bragging, boasting  | 0 1 2 38. Gets teased a lot                                   |
| 0 1 2 8. Can't concentrate, can't pay attention for long                     | 0 1 2 39. Hangs around with others who get in trouble         |
| 0 1 2 9. Can't get his/her mind off certain thoughts; obsessions (describe): | 0 1 2 40. Hears sound or voices that aren't there (describe): |
| 0 1 2 10. Can't sit still, restless, or hyperactive                          | 0 1 2 41. Impulsive or acts without thinking                  |
| 0 1 2 11. Clings to adults or too dependent                                  | 0 1 2 42. Would rather be alone than with others              |
| 0 1 2 12. Complains of loneliness  | 0 1 2 43. Lying or cheating                                   |
| 0 1 2 13. Confused or seems to be in a fog                                   | 0 1 2 44. Bites fingernails                                   |
| 0 1 2 14. Cries a lot  | 0 1 2 45. Nervous, highstrung, or tense                       |
| 0 1 2 15. Cruel to animals   | 0 1 2 46. Nervous movements or twitching (describe):          |
| 0 1 2 16. Cruelty, bullying, or meanness to others                           | 0 1 2 47. Nightmares  |
| 0 1 2 17. Daydreams or gets lost in his/her thoughts                         | 0 1 2 48. Not liked by other kids                             |
| 0 1 2 18. Deliberately harms self or attempts suicide                        | 0 1 2 49. Constipated, doesn't move bowels                    |
| 0 1 2 19. Demands a lot of attention   | 0 1 2 50. Too fearful or anxious                              |
| 0 1 2 20. Destroys his/her own things  | 0 1 2 51. Feels dizzy or lightheaded                          |
| 0 1 2 21. Destroys things belonging to his/her family or others              | 0 1 2 52. Feels too guilty                                    |

One of most widely used broad-based behavioral instruments in the world (80+ languages)

Developed here at UVM

Empirical and DSM-based categories

Copyright protected

# ASEBA Assessment Forms

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Child Behavior Checklist 1.5-5

Caregiver-Teacher Report Form 1.5-5

Child Behavior Checklist 6-18

Teacher Report Form 6-18

Youth Self-Report 11-18

Brief Problem Monitor 6-18 (BPM-P, BPM-T, BPM-Y)

Adult Behavior Checklist 18-59

Adult Self-Report 18-59

# Brief Problem Monitor


Short form- 19 questions

Likert scale for symptom scoring

Quick to administer and interpret

Parent and teacher forms

Allows follow-up of identified problem areas

 Please print

For office use only			Rating Period #	Days in Interval:
ID #				

### BRIEF PROBLEM MONITOR-PARENT FORM (BPM-P) FOR AGES 6-18

CHILD'S FULL NAME	First	Middle	Last	CHILD'S GENDER	CHILD'S AGE	CHILD'S BIRTHDATE
				<input type="checkbox"/> Boy <input type="checkbox"/> Girl		Mo. Day Year

COMPLETE THIS FORM BY	THIS FORM FILLED OUT BY	Other (specify):
Mo. Day Year	(print your name)	
TODAY'S DATE		
Mo. Day Year		

Your gender: ☐ Man ☐ Woman ☐ Other (specify):  
Your relation to the child: ☐ Biological Parent ☐ Step Parent  
☐ Grandparent ☐ Adoptive Parent ☐ Foster Parent  
☐ Other (specify):

Below is a list of items that describe children and youths. Please rate each item to describe your child **now or within the past days**. Please circle the **2** if the item is **very true** of your child. Circle the **1** if the item is **somewhat true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)			1 = Somewhat True			2 = Very True		
<u>Comments</u>								
0	1	2	1.	Acts too young for his/her age				
0	1	2	2.	Argues a lot				
0	1	2	3.	Fails to finish things he/she starts				
0	1	2	4.	Can't concentrate, can't pay attention for long				
0	1	2	5.	Can't sit still, restless, or hyperactive				
0	1	2	6.	Destroys things belonging to his/her family or others				
0	1	2	7.	Disobedient at home				
0	1	2	8.	Disobedient at school				
0	1	2	9.	Feels worthless or inferior				
0	1	2	10.	Impulsive or acts without thinking				
0	1	2	11.	Too fearful or anxious				
0	1	2	12.	Feels too guilty				
0	1	2	13.	Self-conscious or easily embarrassed				
0	1	2	14.	Inattentive or easily distracted				
0	1	2	15.	Stubborn, sullen, or irritable				
0	1	2	16.	Temper tantrums or hot temper				
0	1	2	17.	Threatens people				
0	1	2	18.	Unhappy, sad, or depressed				
0	1	2	19.	Worries				
<u>Additional items</u>								
0	1	2						
0	1	2						
0	1	2						

**Please be sure you answered all items.**

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ASEBA, University of Vermont  
1 South Prospect St., Burlington, VT 05401-3456

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www.ASEBA.org

07-12-18 - 211

# Child Behavior Checklist

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ASEBA form completed by parents/caregivers

Two different sections:

- performance and behavioral (wide range)
- emotional and social traits (problems and competencies)

Mixture of free text, yes / no, multiple choice and Likert scales

# ASEBA Scales

## SYNDROME SCALES

Emotionally Reactive  
Anxious/Depressed  
Somatic Complaints  
Withdrawn  
Attention Problems  
Aggressive Behavior  
Sleep Problems

## DSM-ORIENTED DIAGNOSTIC SCALES

Affective Problems  
Anxiety/ stress problems  
Pervasive Developmental Disorder  
ADHD  
Autism Spectrum  
Oppositional Defiant Problems

# ASEBA Scoring & Interpretation

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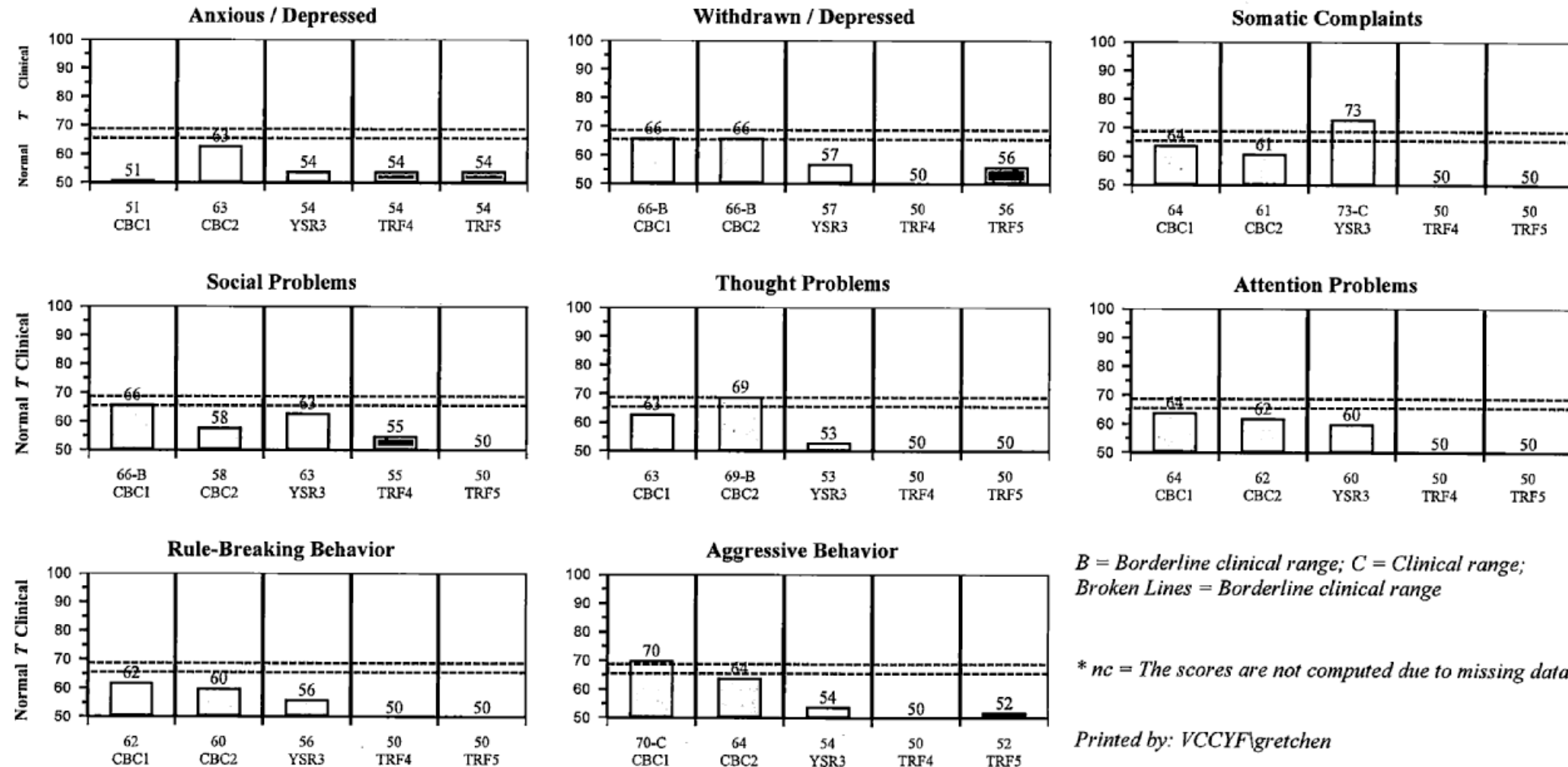
## 2 options:

- Web based platform can be entered in directly by parents/teachers
- Software entry of responses with printable reports

## Scoring

- Raw scores converted to T-scores, and compared with normative samples
- Clinical, borderline, non-clinical (normal)

# ASEBA Multi-informant output



# ASEBA Case

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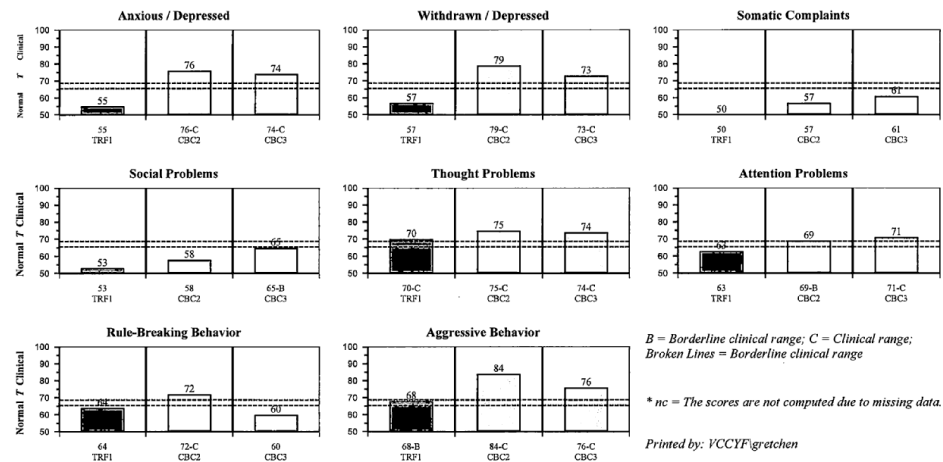
10 year old boy who with past diagnosis of ADHD and ODD presents for continued symptoms after no longer being able to be seen at community mental health center.

Responded well to guanfacine and parent behavioral training, although some symptoms remain, especially in other areas such as self-esteem and anxiety.

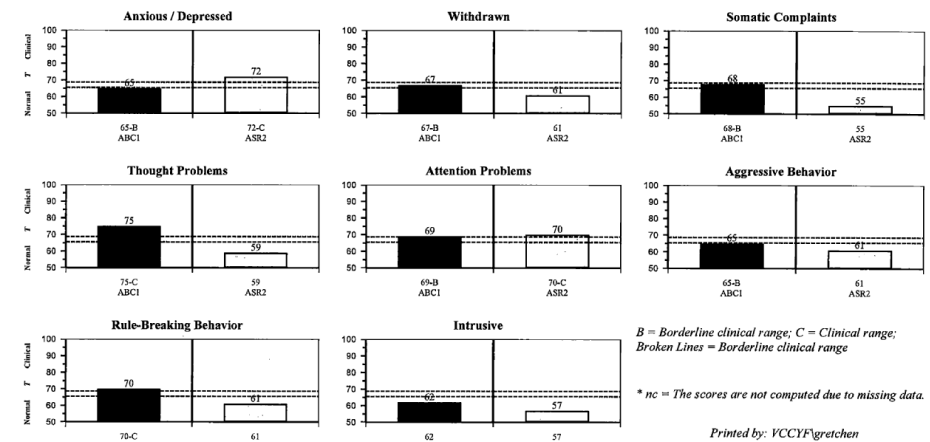


# ASEBA Output

## Child scores



## Mother scores



Child score per parents and teacher continue to show attention problems but also anxiety, depression, and aggression

Screens given to parent also indicate similar mental health challenges as rated by self- and spouse-report

# Discussion points

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Broad-based scales can indicate areas that may be impacting ADHD symptoms

- In this case, focused more on child anxiety and depression

Inquiry and screening of PARENTS frequently reveal psychopathology that is affecting the child

- These are often missed through regular “family history” questions (Basoglu, Rettew, et al., 2014)
- In the case, emphasized parental mental health and substance use treatment

# ASEBA

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## PROS

Well normed by age, sex, culture

Paper, computer and web based forms

## CONS

Requires software to score

Software and scales costly

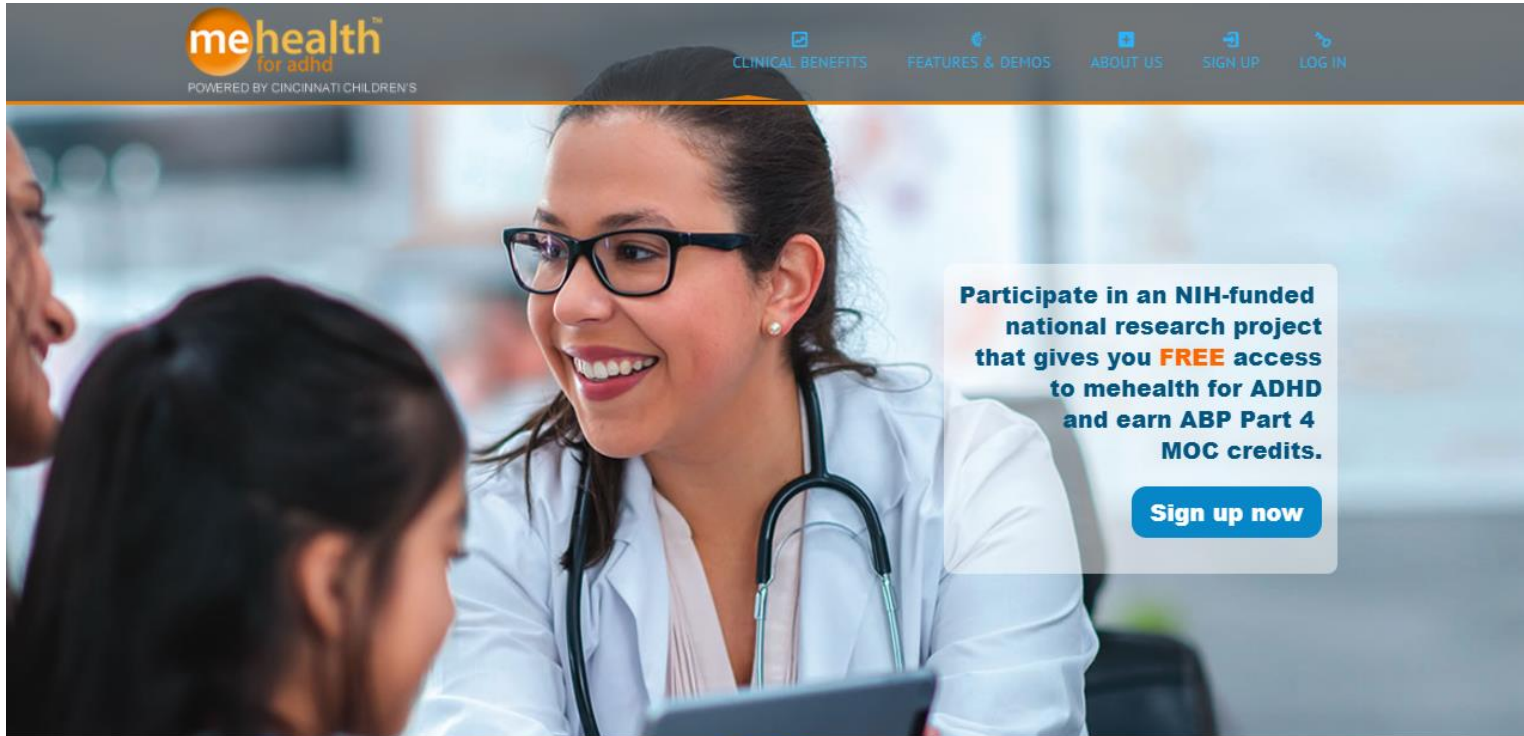
# Summary Table

Scale	Free	Multiple Informants	Ages	Screens for Comorbid Conditions	Validated with Norms	Items
Vanderbilt	Yes*	Yes	6-12	Yes	No	26-55
Conners'	No	Yes	3-17	Yes	Yes	59-87 37 (short)
ADHD- RS-5	No	Yes	5-17	No	No	18
SNAP	Yes	Yes	6-18	Yes	No	90 26 (short)
ASEBA	No	Yes	3-99	Yes	Yes	113 18 (short)
ASRS	Yes	No	18+	No	Limited	18 6 (screener)

# Mehealth

<https://www.mehealth.com/>

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Part of NIH funded project

Uses Vanderbilt scales

# Resources & References

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ADHD- RS-5: <https://www.guilford.com/books/ADHD-Rating-Scale-5-for-Children-and-Adolescents/DuPaul-Power-Anastopoulos-Reid/9781462524877>

ASEBA: <https://aseba.org/>

ASRS: [http://www.mentalhealthprofessionalsinc.com/Forms/Adult ADHD Self-Report Scale \(ASRS-v1.1\).pdf](http://www.mentalhealthprofessionalsinc.com/Forms/Adult_ADHD_Self-Report_Scale_(ASRS-v1.1).pdf)

Ustun, B., Adler, L.A., Rudin, C., Faraone, S.V., Spencer, T.J., Berglund, P., Gruber, M.J., Kessler, R.C. (2017). The World Health Organization Adult Attention-Deficit/Hyperactivity Disorder Self-Report Screening Scale for DSM-5. JAMA Psychiatry, 74(5), 520-526.

<https://www.hcp.med.harvard.edu/ncs/asrs.php>

Conners': <https://www.mhs.com/MHS-Assessment?prodname=conners3>

Vanderbilt: <https://www.nichq.org/resource/nichq-vanderbilt-assessment-scales>

<https://www.aap.org/en-us/pubserv/adhd2/Pages/kit/data/assessdxframe.html>

CHADD: <https://chadd.org/for-professionals/overview/>

Interactive module on available screening tools: <http://adhd-institute.com/assessment-diagnosis/rating-scales/>

# Resources for parents

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American Academy of Pediatrics <https://www.healthychildren.org/English/health-issues/conditions/adhd/Pages/default.aspx>

Understood.com

- <https://www.understood.org/en/school-learning/evaluations/types-of-tests/types-of-behavior-assessments>

CHADD

- <https://chadd.org/for-parents/comprehensive-assessment/>