Conners' Adult ADHD Rating Scales–Self-Report: Long Version (CAARS–S:L)

By C. Keith Conners, Ph.D., Drew Erhardt, Ph.D., and Elizabeth Sparrow, Ph.D.

Interpretive Report

Client Name:	**John Sample**
Age:	30
Gender:	Male
Duration:	N/A - QuikEntry
Administration Date:	December 21, 2004

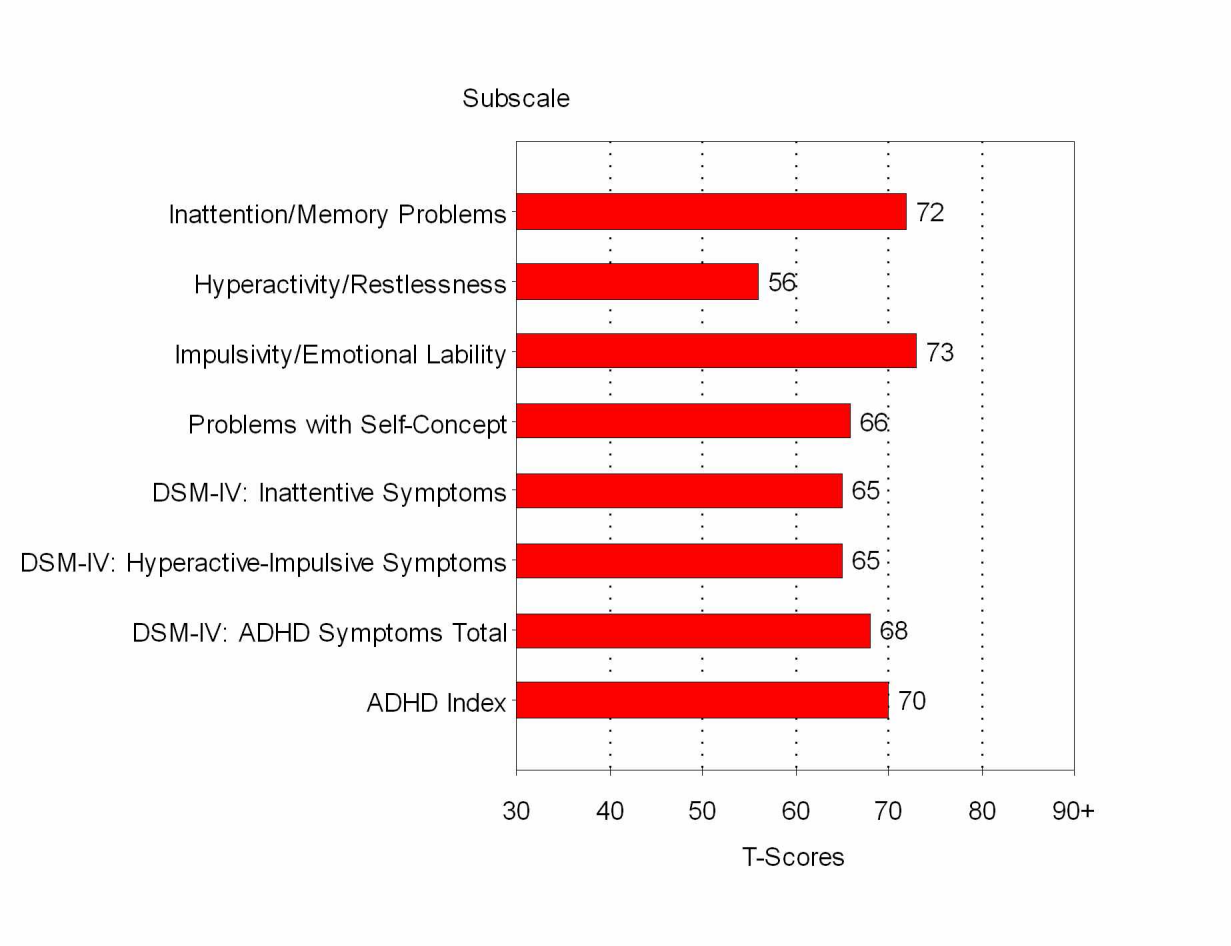
Introduction

The Conners' Adult ADHD Rating Scales–Self Report: Long Version (CAARS–S:L) is an assessment that prompts an adult to provide valuable information about themselves. This instrument is helpful when considering a diagnosis of ADHD or related problems. The normative sample includes 1026 adults. This report provides information about the adult's score, how he or she compares to other adults, and what subscales are elevated. See the Conner's Adult ADHD Rating Scales Technical Manual (published by MHS) for more information about the instrument.

The computerized report is meant to act as an interpretive aid and should not be used as the sole basis for clinical diagnosis or intervention. This report works best when combined with other sources of relevant information. The CAARS results are based on the individual's current functioning and thus cannot be used to establish the childhood onset of symptoms, which is necessary for diagnosis. The report is based on an algorithm that produces the most common interpretations for the scores that have been obtained. Test users should review the individual's responses to specific items to ensure that these generic interpretations apply. Highly idiosyncratic response patterns must be explored in other ways and on a case-by-case basis.

CAARS–S:L Subscale T-Scores

The following graph provides John's T-scores for each of the CAARS–S:L subscales.



Summary of Subscale Scores

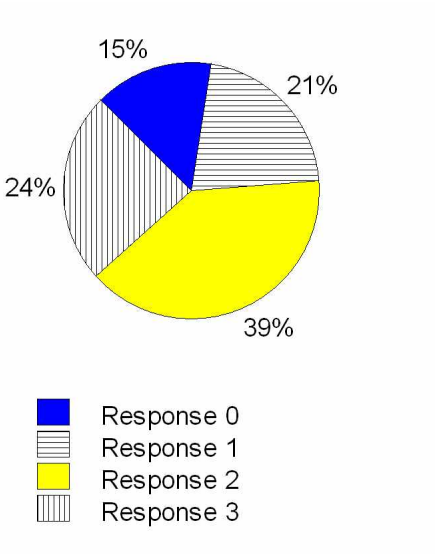
The following table summarizes John's subscale scores and gives general information about how he compares to the nomative group. More interpretive data are provided later in this report.

Subscale	Raw Score	T-Score	Guideline	Common Characteristics of High Scorers
Inattention/Memory Problems	24	72	Markedly atypical (indicates significant problem)	Difficulties may include trouble concentrating, difficulty planning or completing tasks, forgetfulness, absent-mindedness, being disorganized.
Hyperactivity/Restlessness	18	56	Slightly atypical (borderline: should raise concern)	Difficulties may include problems with working at the same task for long periods of time, feeling more restless than others seems to be, fidgeting.
Impulsivity/Emotional Lability	26	73	Markedly atypical (indicates significant problem)	Difficulties may include engaging in more impulsive acts than others do, low frustration tolerance, quick and frequent mood changes, feeling easily angered and irritated by people.
Problems with Self-Concept	12	66	Moderately atypical (indicates significant problem)	Difficulties may include poor social relationships, low self-esteem and self confidence.
DSM-IV: Inattentive Symptoms	11	65	Mildly atypical (possible significant problem)	Behave in a manner consistent with the Inattentive Subtype of ADHD, described in the DSM-IV.
DSM-IV: Hyperactive-Impulsive Symptoms	13	65	Mildly atypical (possible significant problem)	Behave in a manner consistent with the Hyperactive-Impulsive Subtype of ADHD, described in the DSM-IV.
DSM-IV: ADHD Symptoms Total	24	68	Moderately atypical (indicates significant problem)	Behave in a manner consistent with the DSM-IV diagnostic criteria for Combined type ADHD.
ADHD Index	22	70	Moderately atypical (indicates significant problem)	Identifies individuals 'at risk' for ADHD

Item Response Table

The following response values were entered for the items on CAARS–S:L.

Item	Response	Item	Response
1.	**0**	35.	**1**
2.	**1**	36.	**2**
3.	**3**	37.	**3**
4.	**3**	38.	**2**
5.	**2**	39.	**1**
6.	**2**	40.	**2**
7.	**3**	41.	**0**
8.	**2**	42.	**1**
9.	**1**	43.	**2**
10.	**1**	44.	**0**
11.	**2**	45.	**3**
12.	**3**	46.	**2**
13.	**2**	47.	**1**
14.	**1**	48.	**0**
15.	**2**	49.	**3**
16.	**3**	50.	**2**
17.	**0**	51.	**0**
18.	**2**	52.	**2**
19.	**3**	53.	**3**
20.	**1**	54.	**3**
21.	**2**	55.	**0**
22.	**3**	56.	**2**
23.	**2**	57.	**1**
24.	**1**	58.	**0**
25.	**2**	59.	**1**
26.	**3**	60.	**2**
27.	**2**	61.	**3**
28.	**1**	62.	**2**
29.	**2**	63.	**0**
30.	**3**	64.	**1**
31.	**2**	65.	**0**
32.	**2**	66.	**2**
33.	**3**		
34.	**2**		

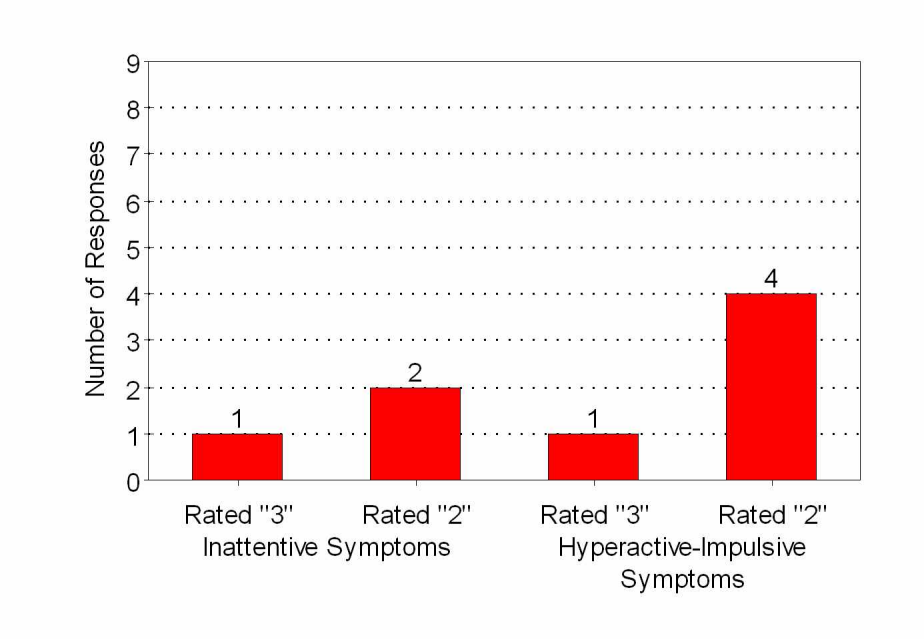


Response Key

0 = Not at all, Never
1 = Just a little, Once in a while
2 = Pretty much, Often
3 = Very much, Very frequently

DSM-IV Subscales: Elevated Responses

The following graph shows the number of items for which John answered " Very much, Very Frequently" (3) or "Pretty much, Often" (2). The answers are grouped by DSM-IV subscale. The DSM-IV subscales are interpreted in more detail later in this report.



Validity Assessment

If the findings presented here conflict with other sources of information, then the reason(s) for the conflicting information should be considered, and the results described in this report should be interpreted with these reasons in mind.

If these results conflict with other information, then it is possible that the respondent is either exaggerating current problems, or has denied the existence of problems previously. It is also possible, however, that behavior and attitudes are situation specific. That is, behavior and attitudes at home may be quite different than behavior and attitudes away from home (e.g., at work). Use of the CAARS observer form is recommended to help resolve apparent inconsistencies.

An examination of the individual item responses reveals some possible inconsistencies. Quite different responses were given to items with similar content. If possible, discrepancies in the responses to items should be discussed with John. Some items may have been misunderstood, or perhaps he was unwilling or unable to give a clear picture of his own behavior and attitudes.

The following item pairs reveal inconsistent responses that should be explored further.

Item pairs with similar content	Response	Score Differential
11. 49.	2 3	1
40. 44.	2 0	2
20. 25.	1 2	1
30. 47.	3 1	2
19. 23.	3 2	1
6. 37.	2 3	1
26. 63.	3 0	3

Examination of Subscale Scores

ADHD Index: T-Score = 70

Moderately elevated. This index consists of the best set of items on CAARS for identifying adults "at risk" for ADHD. John's score on this index is notably elevated, indicating possible ADHD. This finding should be combined with other information to corroborate whether a diagnosis of ADHD is appropriate.

Inattention/Memory Problems: T-Score = 72

Marked elevated. John could experience serious difficulties with organizing or planning his work, completing tasks or projects, and concentrating on tasks that require sustained mental effort. A number of items on this subscale indicate some difficulties related to memory and inattentiveness.

Hyperactivity/Restlessness: T-Score = 56

Slightly elevated. The score obtained on this subscale indicates that John might have some difficulty sitting still or remaining stationary for very long. John is probably also a little more restless than most individuals.

Impulsivity/Emotional Lability: T-Score = 73

Markedly elevated: John's score on the Impulsivity/Emotional Lability subscale is quite high, indicating an individual who is very prone to emotional responses/behaviors like getting upset or having temper outbursts. John is likely to be more impulsive, both verbally and behaviorally, than is typical of others. He is also likely to have a low frustration tolerance and hence prone to moodiness and to be easily angered or irritated.

Problems with Self Concept: T-Score = 66

Moderately elevated. The score on this subscale indicates that John perceives himself as having low self-confidence and low self-esteem. Assessment efforts might focus on identifying the factor or factors that contribute to this individual's poor self-concept. He may lack confidence in his own abilities and avoid taking on new challenges as a result.

Analysis DSM-IV Subscales

Inattentive Symptoms: T-Score = 65

John's responses to the DSM-IV items indicate that the criterion for the Inattentive Subtype of ADHD has not been met. Six or more symptoms of ADHD are required, but only 1 of 9 items is rated "Very much, Very frequently" and only 2 of 9 items is rated "Pretty much, Often".

Hyperactive-Impulsive Symptoms: T-Score = 65

Six or more symptoms of ADHD are required for Hyperactive-Impulsive Subtype of ADHD to be present. John's responses suggest that this criterion has not been met. However, given that close to six symptoms could be present (i.e., 1 of 9 items is rated "Very much, Very frequently", 4 of 9 items is rated "Pretty much, Often"), further investigation of the possible presence of Hyperactive-Impulsive Subtype of ADHD is warranted.

Combined Type ADHD: T-Score = 68

Based on John's self-report, there is strong evidence for a diagnosis of the Inattentive Subtype ADHD. The evidence for Hyperactive-Impulsive Subtype is more moderate. Nonetheless, the possibility of Combined Type ADHD should be considered.

General Examination of the Profile

There are several substantial subscale elevations. These elevations relate to different areas of behavior suggesting the possibility of comorbidity. More specific information about the areas that are elevated can be obtained from examining the subscale descriptions.

Integrating Results with Other Information, and (if required) Determine Intervention Strategy

The following subscale scores are elevated (T-Score > 60) and could be cause for concern.

- Inattention/Memory Problems
- Impulsivity/Emotional Lability
- Problems with Self-Concept

- DSM-IV: Inattentive Symptoms
- DSM-IV: Hyperactive-Impulsive Symptoms
- DSM-IV: ADHD Symptoms Total
- ADHD Index

These results must be incorporated with other information before drawing any conclusions. At a minimum, it is recommended that a comprehensive evaluation include

- A history of the pregnancy, delivery, and developmental milestones from infancy;
- A family history of psychiatric disorders;
- Assessment of specific symptoms, including onset, severity, frequency, chronicity, situational specificity, and duration;
- A functional assessment that covers school history, employment history, and work records;
- An overview of the individual's intrapsychic processes, including self-image and sense of efficacy with family, peers, and work;
- Current family interaction patterns and family structure;
- Screen for medical and psychiatric disorders and life circumstances that can lead to symptoms that mimic ADHD;
- An assessment of neurological status, when indicated by other evidence.

CAARS–S:L results interpreted without considering these other factors may have limited validity.

There are a large number of possible treatment approaches and the choice of which treatment is most appropriate can vary from case to case. The following resources are recommended for use in making treatment decisions:

Barkley, R. A. (1997). *ADHD and the nature of self-control*. New York: Guilford Press.

Barkley, R. A. (1998). *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment* (2nd ed.). New York: Guilford Press.

Biederman, J. (Presenter), Spencer, T. (Presenter), & Wilens, T. (Presenter). (1997). *Medical management of attention deficit hyperactivity disorder* [Videotape Series]. Plantation, FL: Specialty Press.

Conners, C. K. (Ed.). (1996 --). *Journal of Attention Disorders*. Toronto, ON: Multi-Health Systems Inc.

Conners, C. K. & Jett, J. L. (1999). *Attention deficit hyperactivity disorder in adults and children: The latest assessment and treatment strategies*. Kansas City, MO: Compact Clinicals.

Dawson, P. & Guare, R. (1998). *Coaching the ADHD Student*. Toronto, ON: Multi-Health Systems Inc.

Hallowell, E. M. & Ratey, J. J. (1995). *Driven to distraction: Recognizing and coping with attention deficit disorder from childhood through to adulthood*. New York: Simon & Schuster.

Ingersoll, B. D. & Goldstein, S. (1993). *Attention deficit disorder and learning disabilities: Realities, myths and controversial treatments*. New York: Doubleday.

Additional information can be obtained by contacting this organization:

Children and Adults with Attention Deficit Disorders (C.H.A.D.D.)
National Office
499 NW 70th Avenue, Suite 109
Plantation, FL

USA 33317

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End of Report