Conners' Adult ADHD Rating Scales–Observer Report: Short Version (CAARS–O:S)

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
Observer's Name:	Jane Sample
Observer's Relation:	Spouse
Observer's Age:	28
Observer's Gender:	Female
Duration:	N/A - QuikEntry
Administration Date:	December 21, 2004

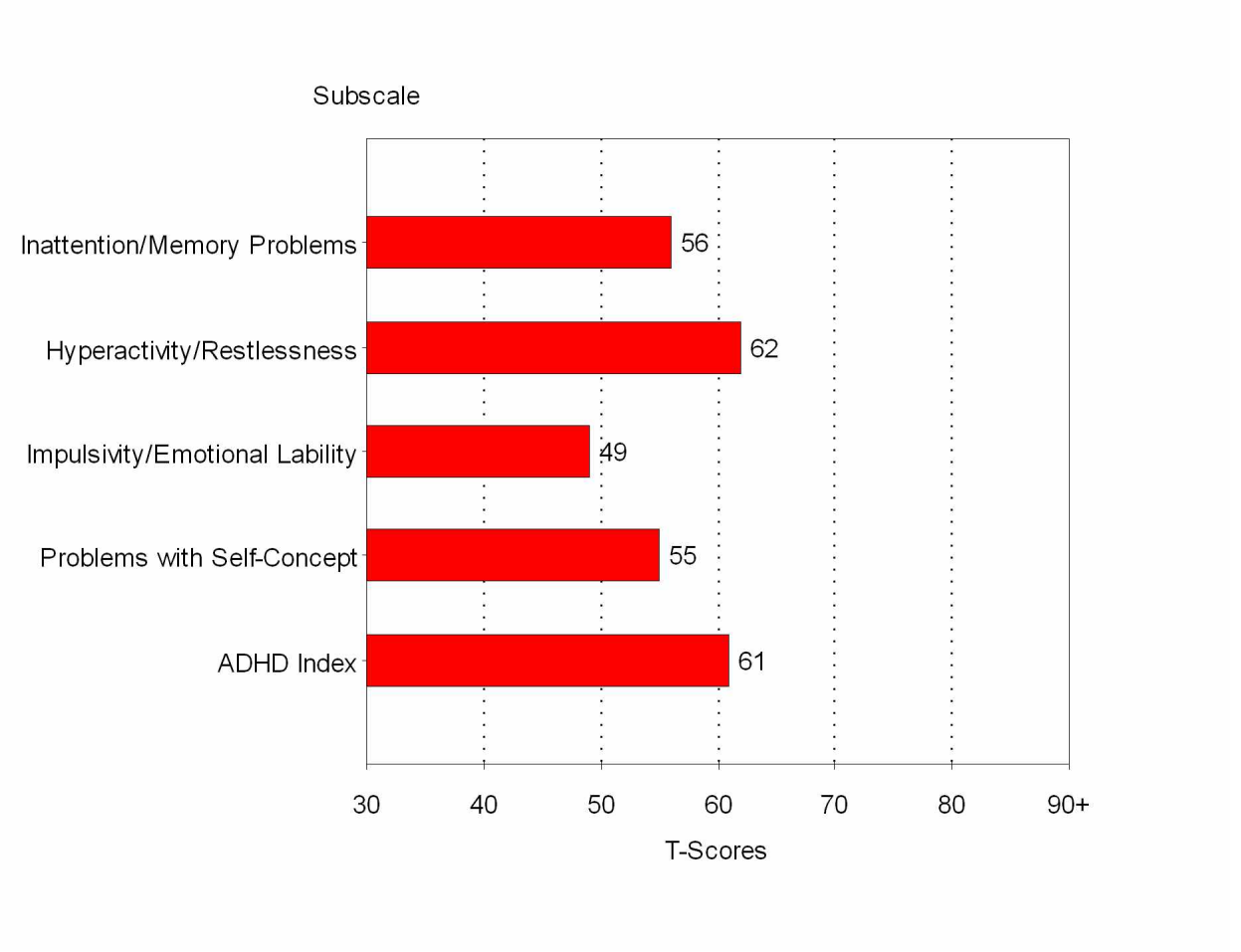
Introduction

Conners' Adult ADHD Rating Scales–Observer: Short Version (CAARS–O:S) is an assessment tool that prompts an observer to provide valuable information about the client. This instrument is helpful when considering a diagnosis of ADHD or related problem. The normative sample includes 943 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.

This computerized report is an interpretive aid and should not be used as the sole basis for clinical diagnosis or intervention. These results are most useful when combined with other sources of relevant information. 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 ensure that these generic interpretations apply. Highly idiosyncratic response patterns must be explored in other ways on a case-by-case basis.

CAARS–O:S Subscale T-Scores

The following graph provides T-scores for each of the CAARS–O:S subscales.



Summary of Subscale Scores

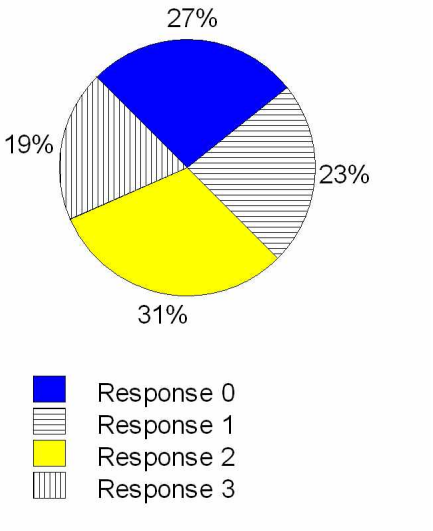
The following table summarizes John's subscale scores and gives general information about how he compares to the normative group. More interpretive data are provided later in this report.

Subscale	Raw Score	T-Score	Guideline	Common Characteristics of High Scorers
Inattention/Memory Problems	7	56	Slightly atypical (borderline: should raise concern)	Difficulties may include trouble concentrating, difficulty planning or completing tasks, forgetfulness, absent-mindedness, being disorganized.
Hyperactivity/Restlessness	9	62	Mildly atypical (possible significant problem)	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	4	49	Average (typical score: should not raise concern)	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	6	55	Average (typical score: should not raise concern)	Difficulties may include poor social relationships, low self-esteem and self-confidence.
ADHD Index	17	61	Mildly atypical (possible significant problem)	Identifies individuals 'at risk' for ADHD.

Item Response Table

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

Item	Response	Item	Response
1.	**0**	14.	**1**
2.	**1**	15.	**0**
3.	**2**	16.	**1**
4.	**3**	17.	**2**
5.	**0**	18.	**3**
6.	**2**	19.	**2**
7.	**0**	20.	**1**
8.	**1**	21.	**0**
9.	**0**	22.	**1**
10.	**2**	23.	**2**
11.	**0**	24.	**3**
12.	**3**	25.	**2**
13.	**2**	26.	**3**



Response Key:

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

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 observer is either exaggerating current problems, or problems were denied previously. It is also possible however, that the respondent's behavior and attitudes are situation specific. That is, behavior and attitudes at home may be quite different from behavior and attitudes away from home (e.g., at work). Use of the CAARS self-report form is recommended to help resolve any 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 the observer. Some items may have been misunderstood, or perhaps the observer was unwilling or unable to give a clear picture of John's behavior and attitudes (e.g., due to lack of sufficient exposure to his behavior)

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

Item pairs with similar content	Response	Score Differential
3. 21.	2 0	2
17. 18.	2 3	1
4. 11.	3 0	3
13. 20.	2 1	1
7. 8.	0 1	1
1. 16.	0 1	1
9. 26.	0 3	3

Examination of Subscale Scores

ADHD Index: T-Score = 61

Mildly 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 a little bit elevated, indicating possible ADHD. This possible presence of ADHD should be investigated by combining this information from the observer-report with other independent sources of information (e.g., a self-report) and by undertaking a full assessment.

Inattention/Memory Problems: T-Score = 56

Slightly elevated. This score is elevated, but not by very much, and any problems in this area are probably not perceived by the observer as being particularly serious. There could be minor difficulties with the organization and completion of projects, tasks or work. There could also be occasional difficulties with tasks that require sustained mental effort and/or attentiveness.

Hyperactivity/Restless: T-Score = 62

Mildly elevated. The elevated score obtained on this subscale indicates that John is perceived to have difficulty sitting still or remaining stationary for very long. Also, John is probably more restless than most individuals. The score is mildly elevated, indicating some problems with restlessness and tolerating sedentary activities.

Impulsivity/Emotional Lability: T-Score = 49

About average. John's score on the Impulsivity/Emotional Lability subscale is within the average range and suggests that the observer perceives no unusual degree of emotional responsivity in his behavior. He is perceived as having an average tolerance for frustration and is unlikely to be impulsive.

Problems with Self Concept: T-Score = 55

About average. This score indicates that John is perceived as possessing self-confidence and probably feels comfortable in taking on new challenges.

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

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

- Hyperactivity/Restlessness
- 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;
- Screening 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–O:S 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

Phone: (305) 587-3700 Fax: (305) 587-4599

Date Printed: January 12, 2005

End of Report