

Attention-deficit hyperactivity disorder (ADHD)

Module 2 (continued)



Attention-deficit hyperactivity disorder (ADHD)

Part II.

Evidence-Based

Assessment

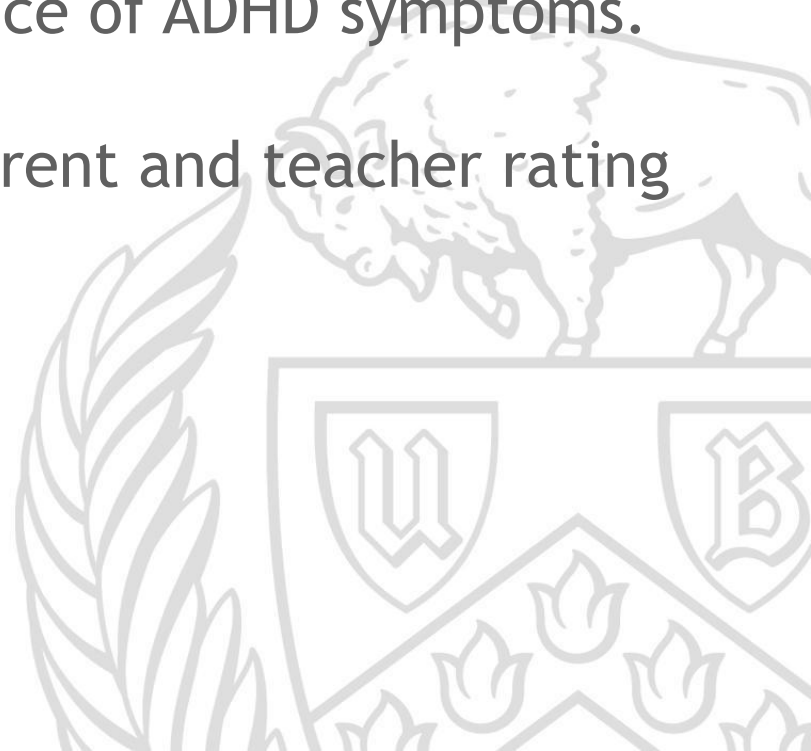


Evidence-based Assessment of ADHD Symptoms

There are a number of well-developed, validated, and useful measures for identifying the presence of ADHD symptoms.

Many of these are in the form of parent and teacher rating scales.

(Pelham, Fabiano, & Massetti, 2005)



Sampling of ADHD Rating Scales

Swanson, Nolan & Pelham (SNAP) Rating Scale

(Atkins, et al., 1985, Atkins et al., 1988; Gaub & Carlson, 1997; MTA Cooperative Group, 1999; Pelham & Bender, 1982)

ADHD Rating Scale

(DuPaul et al., 1991, 1997; DuPaul, Anastopoulos et al., 1998; Gomez et al., 1999; Power et al., 1998)

Disruptive Behavior Disorders Rating Scale

(Pelham, et al., 1992; Pelham, Evans et al., 1992)

Vanderbilt Rating Scale

(Wolraich, et al., 1998, 2003)

ADHD Symptom Checklist-4

(Gadow & Nolan, 2002; Gadow & Sprafkin, 1997; Gadow et al., 2001; Mattison et al., 2003; Sprafkin et al., 2001, 2002)



Sampling of Other Rating Scales

Child Behavior Checklist/Teacher Report Form

(Achenbach & Rescorla, 2001; Anastopoulos, et al., 1993; Barkley et al., 2000; Ostrander, et al., 1998)

Behavioral Assessment Scale for Children

(Ostrander et al., 1998; Reynolds & Kamphaus, 2002)

Conners Parent and Teacher Rating Scales

(Conners et al., 1998 a,b; Goyette et al., 1978; Roberts et al., 1981)

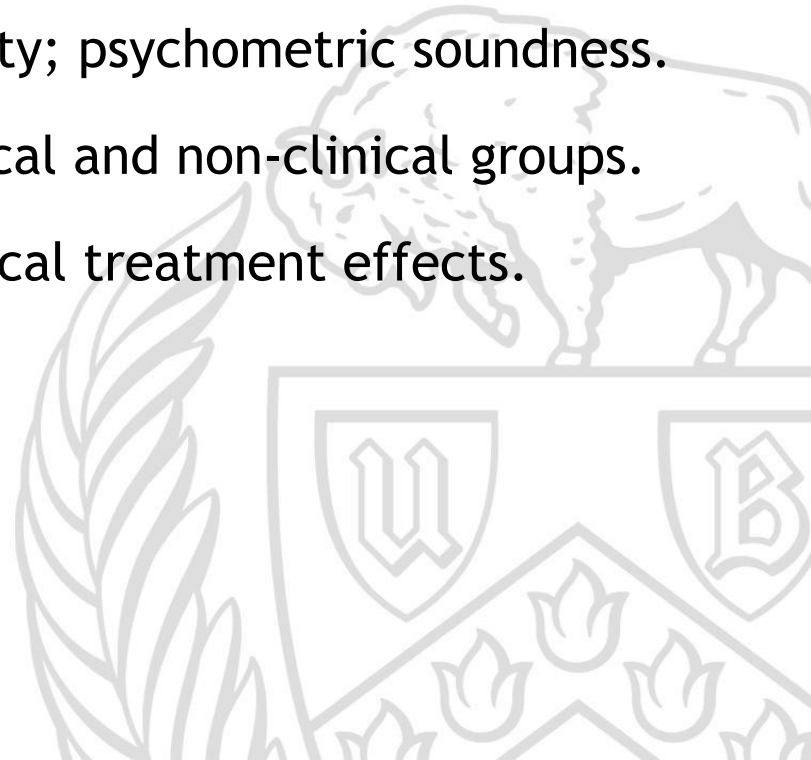
IOWA Conners Rating Scale

(Atkins et al., 1989; Loney & Milich, 1982; Milich et al., 1982; Pelham et al., 1989)



Common Factors Across Rating Scales

- Parent and Teacher Versions
- Based on DSM classification system
- Use a Likert Scale for ratings
- All have evidence of reliability and validity; psychometric soundness.
- Effective at discriminating between clinical and non-clinical groups.
- Sensitive to behavioral and pharmacological treatment effects.

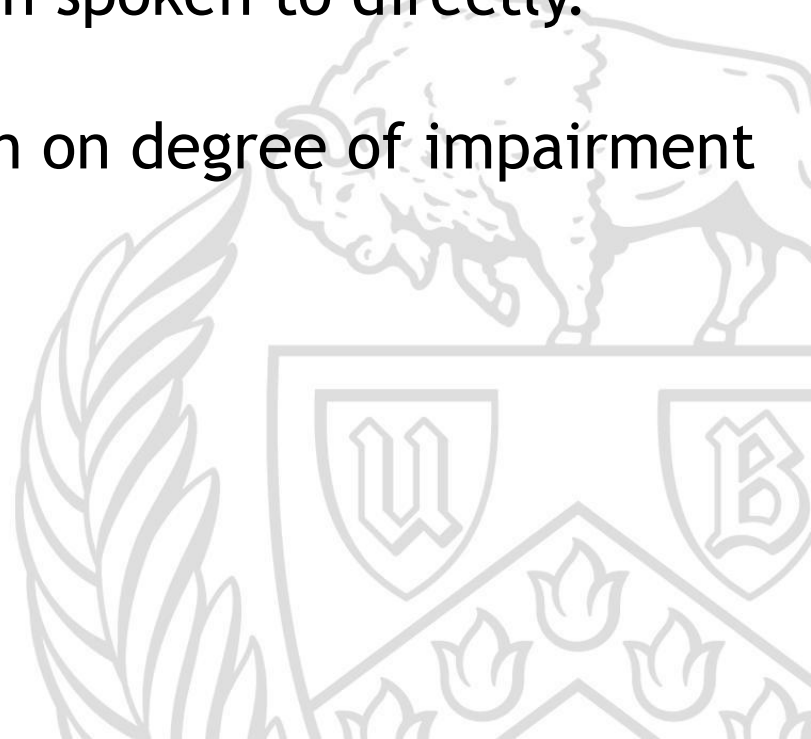


Limitations of Rating Scales

Provide idea of frequency and/or severity of symptoms, but no information on context.

“Often does not seem to listen when spoken to directly.”

Typically do not provide information on degree of impairment due to symptoms.



Diagnostic Interviews

Structured Interviews

- Diagnostic Interview for Children and Adolescents - Revised
- Diagnostic Interview Schedule for Children

Semi-Structured Interviews

- Kiddie Schedule for Affective Disorders and Schizophrenia
- Child and Adolescent Psychiatric Assessment



Limitations of Diagnostic Interviews

- Limitations are similar to those of rating scales.
- Also very costly in terms of patient and clinician time.
- Limited incremental validity.



Diagnostic Criteria (cont.)

[symptoms] persisted for at least 6 months to a degree that is **maladaptive** and inconsistent with developmental level.

Some H-I or Inatt. symptoms that caused **impairment** were present before age 12.

Some **impairment** from the symptoms present in two or more settings.

There must be clear evidence of clinically significant **impairment** in social, academic, or occupational functioning.

(APA, 2013)

