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ADHD Multi-Rater Report

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Client name: Sample Client

Client ID: ADHD

Gender: Male

Age: 14

Report date: 6/29/2020

Rater 1: Parent
Rater Name 1: Victor Client
Test date: 06/29/2020
Relationship: Parent

Rater 2: Teacher
Rater Name 2: Mrs Portman
Test date: 06/29/2020
Relationship: Teacher

This report is intended for use by qualified professionals only and is not to be shared with the examinee or any other unqualified persons.

Introduction

The Behavior Rating Inventory of Executive Function, Second Edition (BRIEF2) is a questionnaire completed by parents and teachers of school-aged children as well as adolescents ages 11 to 18 years. Before considering the BRIEF2 ADHD Report, be sure to review the BRIEF2 Score/Interpretive Report to confirm that the BRIEF2 results are valid and there are no other clinical concerns.

The BRIEF2 ADHD Report offers three approaches that may be used to increase confidence in diagnostic decision-making when ADHD is suspected.

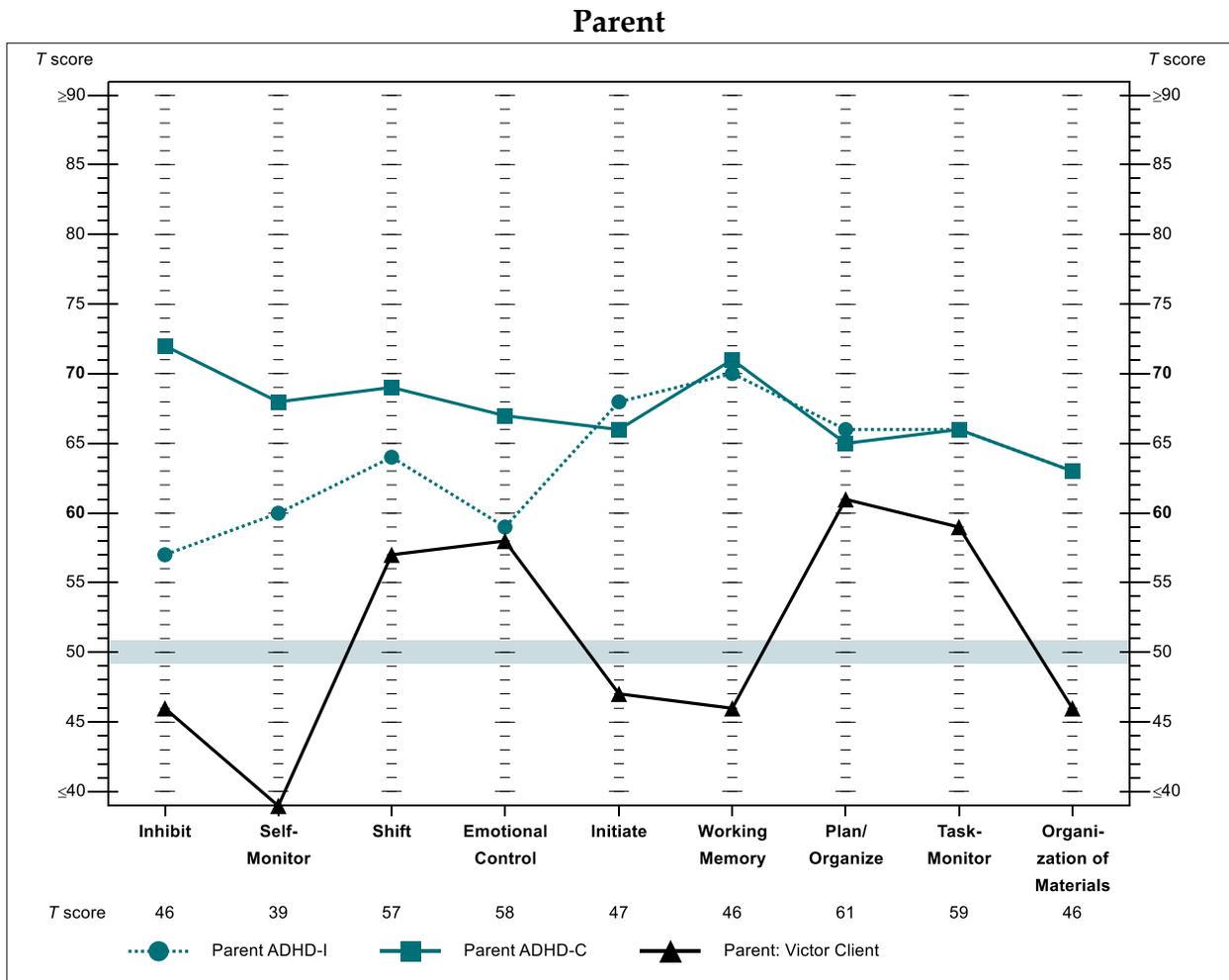
- First, Sample's BRIEF2 Parent and Teacher Form ratings are plotted against established profiles of students diagnosed with ADHD, predominantly inattentive presentation (ADHD-I) and ADHD, combined presentation (ADHD-C).
- Second, *T* scores from the BRIEF2 Parent and Teacher Form Working Memory and Inhibit scales are used to indicate the likelihood of an ADHD diagnosis and determine which presentation is most likely.
- Third, a checklist aligns Sample's BRIEF2 Parent and Teacher Form item ratings to *DSM-5* ADHD inattentive and hyperactive/impulsive criteria. To compare optional Self-Report Form items, see page 2 of the BRIEF2 ADHD Form.

Different aspects of executive dysfunction contribute to the symptoms that characterize ADHD; namely, problems with working memory, planning, and organization help explain the inattentive symptoms of ADHD, and inhibitory control deficits help explain the hyperactive/impulsive symptoms of ADHD. Executive dysfunction is not, however, synonymous with a diagnosis of ADHD. Executive functions are neuropsychological constructs, whereas ADHD is a neuropsychiatric diagnosis based on a cluster of observed symptoms. Further, problems with inhibitory control and working memory are not unique to the diagnosis of ADHD and may be seen in many developmental and acquired conditions.

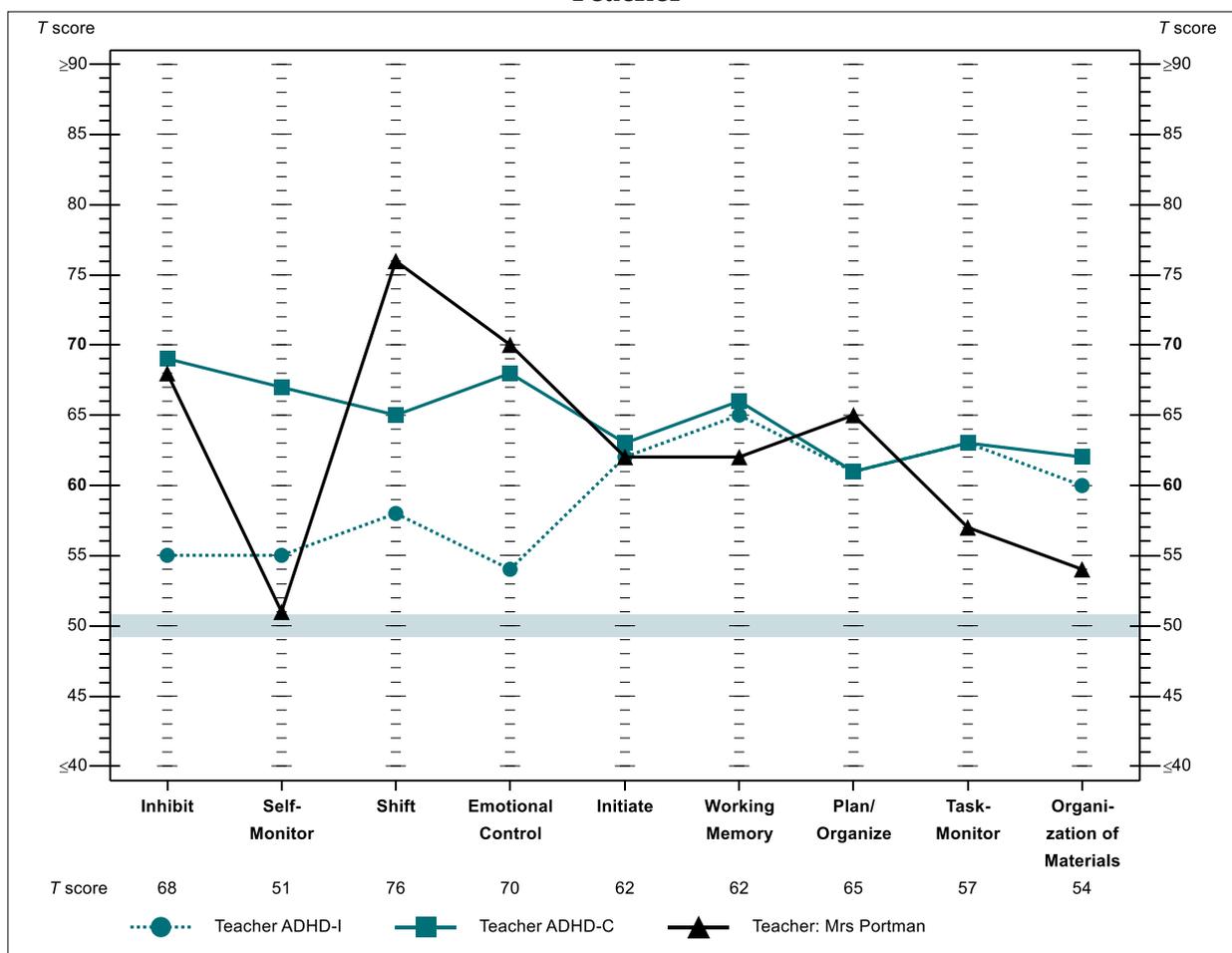
Within this context, the following analysis can help increase confidence in clinical decision-making regarding the presence or absence of ADHD. As with any instrument, the BRIEF2 should not be used in isolation or as the sole basis of a diagnosis. Information from the BRIEF2 is most helpful when combined with other information such as parent and teacher ratings on broadband scales, review of history, clinical interviews, observations, and performance assessment.

ADHD Parent and Teacher Profiles

The BRIEF2 shows clear and consistent scale profiles in individuals diagnosed with ADHD. Sample's parent and teacher T scores are plotted alongside scores from parents and teachers of children and adolescents diagnosed with ADHD-I and those with ADHD-C to facilitate visual comparison. It is important to note similarities between Sample's profiles and the ADHD skylines as well as inconsistencies. For example, high elevations on the Shift or Emotional Control scales might suggest the presence of other concerns. Similarities and differences between Sample's parent and teacher profiles can also be examined.



Teacher



Likelihood of ADHD

When an adolescent is referred with a question about the appropriateness of an ADHD diagnosis, the BRIEF2 Working Memory scale T score is most helpful in detecting the presence of the inattentive characteristics of an ADHD diagnosis and in predicting the likelihood that the given adolescent would be diagnosed with ADHD. The BRIEF2 Inhibit scale T score can then be helpful in distinguishing between adolescents with likely ADHD-I and those with ADHD-C. Refer to the BRIEF2 ADHD Form Professional Manual Supplement for more information about the classification statistics for the Working Memory and Inhibit scales.

In this case, parent ratings of Sample's working memory ($T = 46$, %ile = 50) and inhibitory control ($T = 46$, %ile = 56) are within normal limits. This suggests that, in the home environment, Sample does not exhibit clinically meaningful characteristics of executive dysfunction that are often seen in adolescents diagnosed with ADHD of any type. **ADHD diagnoses are commonly ruled out for adolescents with scores at this level.**

Teacher ratings of Sample's working memory ($T = 62$, %ile = 89) are mildly elevated while ratings of inhibitory control ($T = 68$, %ile = 93) are potentially clinically elevated. This suggests that, in the school environment, Sample exhibits moderate difficulties with impulsivity and/or hyperactivity and mild difficulties with sustained attention and working memory. **Given this pattern, it may be appropriate to consider a diagnosis of ADHD, combined presentation or the infrequent ADHD, predominantly hyperactive/impulsive presentation.**

Sample's teacher reported concerns with the hyperactive/impulsive characteristics of ADHD but his parent did not. While the presence of problematic characteristics in the school setting suggests a need for supports and/or accommodations, the appropriateness of a diagnosis of ADHD is unclear. Differences in ratings between parents and teachers are common and may be due to many factors, including how Sample functions across settings (e.g., school versus home), demands or distractions (e.g., schoolwork versus play time), structure in the environment (e.g., established routines and schedules versus free time), and rater perspectives and characteristics. It is important to consider these factors in the context of his history, direct observations, and additional assessment data in order to increase confidence in the most appropriate diagnostic formulation.

DSM-5 Symptom Checklist

Ratings on individual BRIEF2 items can be compared with *DSM-5* symptoms of inattention, hyperactivity, and impulsivity. Identifying items consistent with ADHD diagnostic criteria that are highly endorsed on the BRIEF2 (e.g., “Often a problem”) helps highlight behaviors that are particularly problematic for Sample. This can facilitate qualitative description of behavioral characteristics and can help identify priority targets for intervention and accommodation.

Inattentive symptoms						
<i>DSM-5 symptom</i>	Parent: Victor Client			Teacher: Mrs Portman		
	Item	Response	✓	Item	Response	✓
a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).	29. Makes careless errors	Sometimes		29. Makes careless errors	Sometimes	
b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).	12. Has a short attention span	Never		12. Has a short attention span	Sometimes	

Redacted for sample report.

Hyperactive/impulsive symptoms						
DSM-5 symptom ✓	Parent: Victor Client			Teacher: Mrs Portman		
	Item	Response	✓	Item	Response	✓
a. Often fidgets with or taps hands or feet or squirms in seat.	1. Is fidgety	Never		1. Is fidgety	Sometimes	
b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).	30. Gets out of seat at the wrong times	Never		30. Gets out of seat at the wrong times	Sometimes	
c. Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless.)	39. Acts too wild or "out of control"	Sometimes		39. Acts too wild or "out of control"	Sometimes	

Redacted for sample report.

*****End of Report*****