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ADHD Teacher Report

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Client name: Sample Client

Client ID: ADHD

Gender: Male

Age: 14

Report date: 6/29/2020

Rater: Teacher

Rater Name: Mrs Portman

Test date: 06/29/2020

Relationship: Teacher

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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.

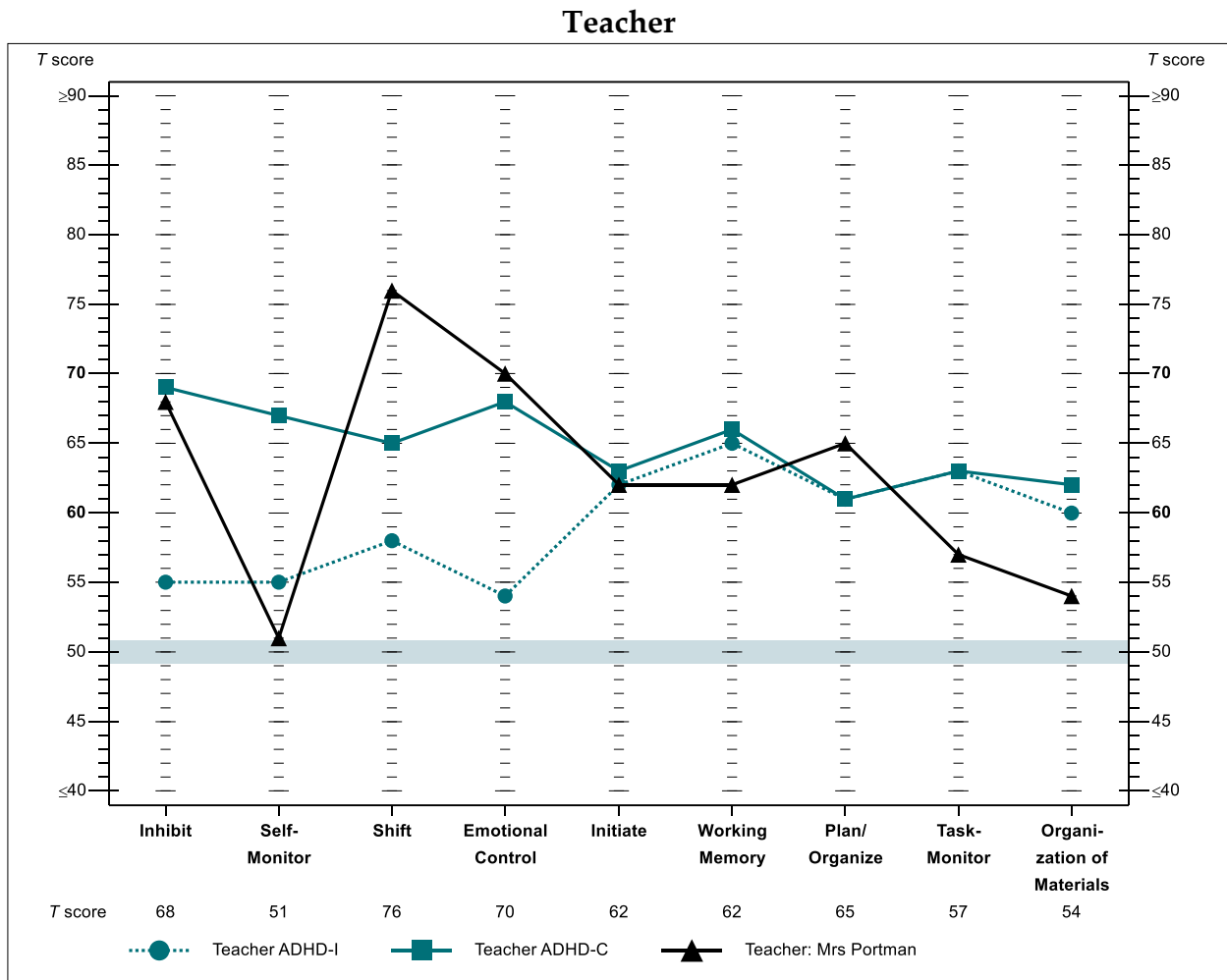
- First, Sample's BRIEF2 Teacher Form ratings are plotted against established profiles of students diagnosed with ADHD, predominantly inattentive presentation (ADHD-I) and ADHD, combined presentation (ADHD-C).
- Second, *T* scores from the BRIEF2 Teacher Form Working Memory and Inhibit scales are used to indicate the likelihood of an ADHD diagnosis and determine which presentation is most likely.
- Third, a checklist aligns Sample's BRIEF2 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 Teacher Profile

The BRIEF2 shows clear and consistent scale profiles in individuals diagnosed with ADHD. Sample's teacher T scores are plotted alongside scores of 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 profile 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.



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, 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.**

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</i> symptom	✓	Teacher: Mrs Portman	
		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
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	Sometimes
c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).		46. Needs help from an adult to stay on task	Never
		3. When given three things to do, remembers only the first or last	Sometimes

Redacted for sample report.

Hyperactive/impulsive symptoms			
DSM-5 symptom	✓	Teacher: Mrs Portman	
		Item	Response ✓
a. Often fidgets with or taps hands or feet or squirms in seat.		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	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

Redacted for sample report.

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