



## **Conners' Adult ADHD Rating Scales–Self-Report: Short Version (CAARS–S:S)**

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

### **Interpretive Report**

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

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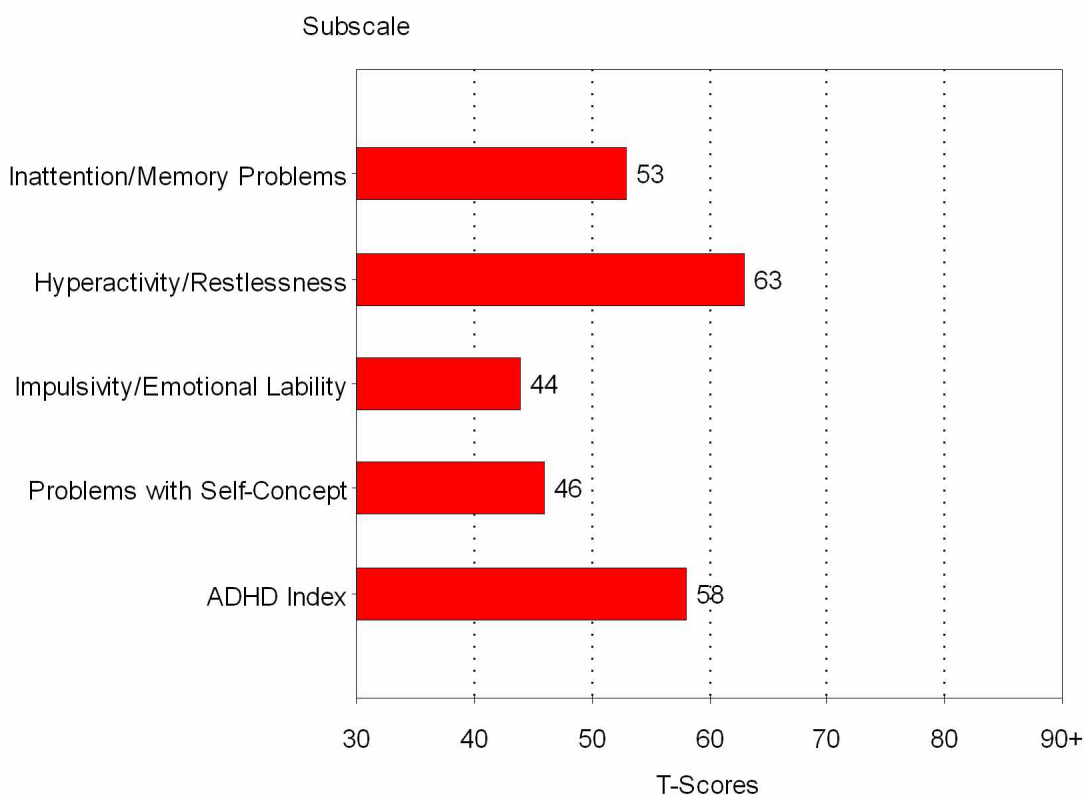
## Introduction

The Conners' Adult ADHD Rating Scales–Self Report: Short Version (CAARS–S:S) 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:S Subscale T-Scores

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



## Summary of Subscale Scores

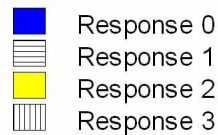
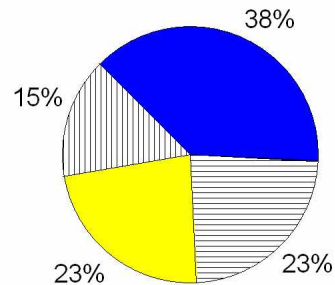
The following table summarizes John's subscale scores and gives general information about how he compares to the normative group. More interpretive data are provided later in this report.

| Subscale                       | Raw Score | T-Score | Guideline  | Common Characteristics of High Scorers   |
|--------------------------------|-----------|---------|--|--|
| Inattention/Memory Problems    | 5         | 53      | Average (typical score: should not raise concern)      | Difficulties may include trouble concentrating, difficulty planning or completing tasks, forgetfulness, absent-mindedness, being disorganized.                                       |
| Hyperactivity/Restlessness     | 10        | 63      | 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 | 2         | 44      | Slightly atypical (low scores are good: not a 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     | 3         | 46      | Average (typical score: should not raise concern)      | Difficulties may include poor social relationships, low self-esteem and self confidence.   |
| ADHD Index                     | 15        | 58      | Slightly atypical (borderline: should raise concern)   | Identifies individuals 'at risk' for ADHD  |

## Item Response Table

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

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



### 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 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 |
|---------------------------------|----------|--------------------|
| 3.<br>21.                       | 2<br>0   | 2                  |
| 17.<br>18.                      | 3<br>0   | 3                  |
| 6.<br>10.                       | 2<br>3   | 1                  |
| 4.<br>11.                       | 3<br>0   | 3                  |
| 13.<br>20.                      | 0<br>1   | 1                  |
| 7.<br>8.                        | 0<br>1   | 1                  |
| 9.<br>26.                       | 0<br>1   | 1                  |

## Examination of Subscale Scores

### ADHD Index: T-Score = 58

Slightly 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 higher than normal. However, unless other information also suggests an attention problem, the ADHD Index score is not high enough to justify serious concern.

### Inattention/Memory Problems: T-Score = 53

About average. The score on the Inattention/Memory Problems subscale indicates that John doesn't perceive any persistent or severe impairment in the areas of attention and memory. He probably has satisfactory organizational skills and is likely to complete tasks or projects as expected most of the time. In addition, John is probably capable of sustained mental effort and can be attentive when required.

**Hyperactivity/Restlessness: T-Score = 63**

Mildly elevated. The score obtained on this subscale indicates that John might have difficulty sitting still or remaining stationary for very long. He is likely to be more restless than most individuals, with a need to be always “on the go.” This score is mildly elevated, indicating some problems with restlessness and tolerating sedentary activities.

**Impulsivity/Emotional Lability: T-Score = 44**

Better than average. John's score on the Impulsivity/Emotional Lability subscale is within the average range and suggests that he perceives himself as having appropriate emotional responses/behaviors.

**Problems with Self Concept: T-Score = 46**

About average. The score on the Problems with Self-Concept subscale indicates that John's self-confidence is adequate and he 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 could be cause for concern.

- Hyperactivity/Restlessness

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: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:

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**End of Report**