

Vanderbilt Assessment Scale Scoring Example

Scoring Instructions for NICHQ Vanderbilt Assessment Scales

Baseline Assessment

The validation studies for the NICHQ Vanderbilt Assessment Scales were for the 6- to 12-year-old age group. However, to the extent that they collect information to establish Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria, they are applicable to other groups, particularly preschoolers, where they have identified that DSM-5 criteria are still appropriate.

These scales should not be used alone to make a diagnosis of ADHD without confirming and elaborating the information with interviews with at least the primary caregivers (usually parents) and patients. You must take into consideration information from multiple sources. Scores of 2 or 3 on a single symptom question reflect often-occurring behaviors. Scores of 4 or 5 on performance questions reflect problems in performance.

The initial assessment scales, parent and teacher, have 2 components: symptom assessment and impairment in performance. On both parent and teacher initial scales, the symptom assessment screens for symptoms that meet criteria for inattentive (items 1-9) and hyperactive (items 10-18) attention-deficit/hyperactivity disorder (ADHD).

Scoring for Diagnostic Purposes

To meet DSM-5 criteria for the diagnosis, one must have at least 6 positive responses to the inattentive 9 or hyperactive 9 core symptoms, or both. A positive response is a 2 or 3 (often, very often) (you could draw a line straight down the page and count the positive answers in each subsegment). There is a place to record the number of positives in each subsegment.

The initial scales have symptom screens for 3 other comorbidities: oppositional-defiant disorder, conduct disorder, and anxiety/depression. (The initial teacher scale also screens for learning disabilities.) These are screened by the number of positive responses in each of the segments. The specific item sets and numbers of positives required for each comorbid symptom screen set are detailed below and on the next page.

The second section of the scale has a set of performance measures, scored 1 to 5, with 4 and 5 being somewhat of a problem/problematic. To meet criteria for ADHD there must be at least 2 items of the performance set in which the child scores a 4, or 1 item of the performance set in which the child scores a 5; ie, there must be impairment, not just symptoms, to meet diagnostic criteria. The sheet has a place to record the number of positives (4s, 5s).

Scoring to Monitor Symptom and Performance Improvement

For the purposes of tracking symptoms and symptom severity, calculate the mean response for each subsegment of the ADHD symptom assessment screen items (inattentive 9 and hyperactive 9). To calculate the mean responses, first total the responses (0s, 1s, 2s, and 3s) from each item within the inattentive subsegment (items 1-9) and divide by the number of items that received a response. For example, if a parent only provided responses to 7 of the first 9 items, the responses would be totaled and divided by 7. Follow the same calculation instructions for the hyperactive subsegment (items 10-18).

Parent Assessment Scale	Teacher Assessment Scale
Predominantly Inattentive subtype <ul style="list-style-type: none">Must score a 2 or 3 on 6 out of 9 items on questions 1-9.ANDScore a 4 on at least 2, or 5 on at least 1, of the performance questions 48-54.	Predominantly Inattentive subtype <ul style="list-style-type: none">Must score a 2 or 3 on 6 out of 9 items on questions 1-9.ANDScore a 4 on at least 2, or 5 on at least 1, of the performance questions 36-43.
Predominantly Hyperactive/Impulsive subtype <ul style="list-style-type: none">Must score a 2 or 3 on 6 out of 9 items on questions 10-18.ANDScore a 4 on at least 2, or 5 on at least 1, of the performance questions 48-54.	Predominantly Hyperactive/Impulsive subtype <ul style="list-style-type: none">Must score a 2 or 3 on 6 out of 9 items on questions 10-18.ANDScore a 4 on at least 2, or 5 on at least 1, of the performance questions 36-43.
ADHD Combined Inattention/Hyperactivity <ul style="list-style-type: none">Requires the criteria on Inattentive AND Hyperactive/Impulsive subtypes	ADHD Combined Inattention/Hyperactivity <ul style="list-style-type: none">Requires the criteria on Inattentive AND Hyperactive/Impulsive subtypes
Oppositional-Defiant Disorder <ul style="list-style-type: none">Must score a 2 or 3 on 4 out of 8 behaviors on questions 19-26.ANDScore a 4 on at least 2, or 5 on at least 1, of the performance questions 48-54.	Oppositional-Defiant/Conduct Disorder <ul style="list-style-type: none">Must score a 2 or 3 on 3 out of 10 items on questions 19-28.ANDScore a 4 on at least 2, or 5 on at least 1, of the performance questions 36-43.
Conduct Disorder <ul style="list-style-type: none">Must score a 2 or 3 on 3 out of 14 behaviors on questions 27-40.ANDScore a 4 on at least 2, or 5 on at least 1, of the performance questions 48-54.	

Vanderbilt Assessment Scale Scoring Example

The Vanderbilt Assessment Scale is a widely used tool designed to assist in the diagnosis and evaluation of Attention Deficit Hyperactivity Disorder (ADHD) in children and adolescents. Developed by Dr. Mark L. Wolraich and his colleagues, this scale helps healthcare providers gather information from parents and teachers about a child's behavior and performance in various settings. The tool is particularly valuable because it provides a structured way to assess symptoms of ADHD and their impact on the child's academic and social functioning. In this article, we will explore the Vanderbilt Assessment Scale, its scoring system, and provide a comprehensive example of how the scoring works.

Understanding the Vanderbilt Assessment Scale

The Vanderbilt Assessment Scale consists of two primary components: the Parent Rating Scale and the Teacher Rating Scale. Each scale evaluates the presence and severity of ADHD symptoms, as well as other behavioral issues, academic performance, and family functioning. The scales are designed for use with children aged 6 to 12 years and can be instrumental in identifying ADHD and co-occurring disorders such as Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD).

Components of the Scale

1. **Parent Rating Scale:** This version of the scale is completed by the parents or guardians of the child. It typically includes questions about the child's behavior at home and in social situations.
2. **Teacher Rating Scale:** This version is filled out by the child's teachers. It focuses on the child's behavior in the school environment, capturing information that may not be evident at home.

Both scales include questions that require respondents to rate the frequency of specific behaviors on a 4-point Likert scale:

- 0: Never
- 1: Occasionally
- 2: Often
- 3: Very Often

Scoring the Vanderbilt Assessment Scale

Scoring the Vanderbilt Assessment Scale involves several steps. The total scores for each section of the scale are calculated and compared to established cut-off scores to determine if the child meets the criteria for ADHD and/or other behavioral disorders.

Calculating Raw Scores

To calculate the raw scores for ADHD symptoms, respondents score each item based on the frequency of the behavior. The scores for each item are then summed. There are two primary symptom categories to evaluate:

- **Inattention:** This includes behaviors such as difficulty sustaining attention, forgetfulness, and losing things needed for tasks.
- **Hyperactivity/Impulsivity:** This focuses on behaviors like fidgeting, interrupting others, and difficulty waiting for one's turn.

Identifying Cutoff Scores

Once raw scores are calculated, they are compared against specific cutoff scores:

- Inattention: A score of 6 or higher suggests significant inattention issues.
- Hyperactivity/Impulsivity: A score of 6 or higher indicates potential hyperactivity or impulsivity problems.

If the child meets or exceeds these cutoff scores, further evaluation for ADHD may be warranted.

Example of Scoring

To illustrate how the scoring works, consider a hypothetical scenario involving a child named Jake. Both his parent and teacher fill out the Vanderbilt Assessment Scale.

Parent Rating Scale Responses:

1. Often loses things necessary for tasks (score: 2)
2. Doesn't seem to listen when spoken to directly (score: 3)
3. Has trouble organizing tasks (score: 2)
4. Is easily distracted by extraneous stimuli (score: 3)
5. Often forgetful in daily activities (score: 2)
6. Fidgets with hands or feet (score: 1)
7. Often talks excessively (score: 2)

Total Parent Score for Inattention: $2 + 3 + 2 + 3 + 2 = 12$

Total Parent Score for Hyperactivity/Impulsivity: $1 + 2 = 3$

Teacher Rating Scale Responses:

1. Often loses things necessary for tasks (score: 1)
2. Doesn't seem to listen when spoken to directly (score: 2)
3. Has trouble organizing tasks (score: 3)
4. Is easily distracted by extraneous stimuli (score: 2)
5. Often forgetful in daily activities (score: 1)
6. Fidgets with hands or feet (score: 2)
7. Often talks excessively (score: 3)

Total Teacher Score for Inattention: $1 + 2 + 3 + 2 + 1 = 9$

Total Teacher Score for Hyperactivity/Impulsivity: $2 + 3 = 5$

Consolidated Scores

Now, let's compile Jake's scores:

- Parent Total for Inattention: 12 (meets criteria, as it is greater than 6)
- Parent Total for Hyperactivity/Impulsivity: 3 (does not meet criteria)
- Teacher Total for Inattention: 9 (meets criteria)
- Teacher Total for Hyperactivity/Impulsivity: 5 (does not meet criteria)

Interpreting the Results

Based on the scoring example provided, Jake's scores show significant inattention concerns as indicated by both the parent and teacher ratings. His hyperactivity/impulsivity scores do not meet the criteria, suggesting that while he may struggle with focus and attention, hyperactivity may not be a significant issue.

In clinical practice, this information can guide further evaluation and intervention. For instance, if a child meets the ADHD criteria, clinicians might recommend behavioral interventions, psychoeducation for parents and teachers, or consider medication options depending on the severity and impact of symptoms.

Conclusion

The Vanderbilt Assessment Scale is a valuable tool in the assessment and diagnosis of ADHD and related disorders in children and adolescents. By utilizing both parent and teacher perspectives, the assessment provides a comprehensive view of the child's behavior across different environments. The scoring process, as demonstrated through the example of Jake, helps clinicians identify significant concerns and guide appropriate interventions.

Understanding how to interpret the results from the Vanderbilt Assessment Scale is crucial for effective diagnosis and treatment planning. Early identification and intervention can lead to improved outcomes for children struggling with ADHD and related behavioral issues, ultimately supporting their academic success and social development.

Frequently Asked Questions

What is the Vanderbilt Assessment Scale used for?

The Vanderbilt Assessment Scale is used to assess symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD) and related behavioral concerns in children and adolescents.

How is the Vanderbilt Assessment Scale scored?

The Vanderbilt Assessment Scale is scored based on the frequency of symptoms reported by parents and teachers, with each symptom rated on a scale from 0 (never) to 3 (very often).

Can you provide an example of a specific item on the Vanderbilt Assessment Scale?

An example item is: 'Often loses things necessary for tasks or activities.' Respondents can

rate this from 0 to 3 based on the frequency observed.

What do the total scores on the Vanderbilt Assessment Scale indicate?

Total scores help to determine the presence and severity of ADHD symptoms, with higher scores indicating more severe symptoms and potential impairment.

Is there a difference between the parent and teacher versions of the Vanderbilt Assessment Scale?

Yes, the parent and teacher versions have similar items but are tailored to the different contexts in which the child is observed, allowing for a comprehensive view of the child's behavior.

What age group is the Vanderbilt Assessment Scale designed for?

The Vanderbilt Assessment Scale is designed for children and adolescents aged 6 to 12 years.

How can the results of the Vanderbilt Assessment Scale be used?

Results can help clinicians diagnose ADHD, guide treatment decisions, and monitor the effectiveness of interventions over time.

What are the limitations of the Vanderbilt Assessment Scale?

Limitations include reliance on subjective reports, potential bias from respondents, and the need for clinical evaluation to confirm diagnoses.

Where can I find the Vanderbilt Assessment Scale for use?

The Vanderbilt Assessment Scale can typically be found in clinical practice guidelines, educational resources, or through mental health professionals specializing in ADHD assessments.

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Explore a comprehensive Vanderbilt Assessment Scale scoring example to understand the evaluation process better. Learn how to interpret results effectively!

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