



Conners' Continuous Performance Test II (CPT II V.5)

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CPT II/CAARS Multimodal Integrated Report

Client Name: Michael Sample

Gender: Male

Date of Birth: May 12, 1972

This report is intended to be used by the test administrator as an interpretive aid. This report should not be used as the sole basis for clinical diagnosis or intervention.



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Introduction

The Conners' Continuous Performance Test II (CPT II) and the Conners' Adult ADHD Rating Scales (CAARS) are valuable assessment tools that reveal pertinent information about an individual's ADHD-related behavior. This Conners' Multimodal Integrated Report combines Michael's CPT II results with up to three CAARS assessments (i.e., self and observers), providing objective and subjective measurement of his ADHD-related behavior and functioning. Inclusion of multiple respondents will help determine degree of symptom severity as well as establish the contextual pervasiveness of the behavior in accordance with DSM-IV diagnostic criteria.

Caution

Proper interpretation of these results requires an understanding of the psychometric issues surrounding the use of each of the Conners' measures, as well as a firm comprehension of the data produced. This report provides scores for ADHD-related subscales only. To review complete results on each assessment, it is highly recommended that the administrator refer directly to the single administration CPT II and CAARS profile or interpretive reports.

Care should be taken to ensure that all selected administrations are valid and appropriate for inclusion in this integrated report. The following types of validity should be confirmed prior to inclusion of any assessment.

Administrative Validity

Confirm that all selected administrations followed administrative protocol and all results were free from evidence of random responding, response bias, or response inconsistency. If observer ratings were used, ensure they were sufficiently familiar with the individual's behavior to provide informed feedback. It is also important to consider potential reasons that respondents may over or under-represent reported behavioral frequency. This integrated report works best when all selected administrations are free from error from these sources.

Temporal Validity

Confirm the temporal validity of assessments. Assessments that are more than a few months apart may reflect developmental or behavioral change.

Treatment-Related Validity

Confirm that treatment conditions (i.e., medication vs. none) and medication type and dosage are consistent across administrations. It is important that all assessments are performed at, or based upon, performance at comparable levels and/or types of medication.

Assessment Summary T-scores

The following table presents Michael's CPT II results along with relevant CAARS subscale scores from selected administrations.

Rater's Name		Michael Sample	
Assessment Type		CPT II	CAARS-S:L
Administration Date		05/13/2004	05/12/2004
Administration Age		32	32
CPT II Measure	DSM-IV Subtype		
Omissions	I	41	
Commissions	I, H	59*	
Hit RT	I, H	53	
Hit RT Std. Error	I	63**	
Variability	I	59*	
Detectability (d')	I	58*	
Perseverations	I, H	45	
Hit RT Block Change	I	47	
Hit SE Block Change	I	50	
Hit RT ISI Change	I	70***	
Hit SE ISI Change	I	58*	
Response Style (β)	-	43	
CAARS Subscale			
Inattention/Memory Problems	I		52
Hyperactivity/Restlessness	H		52
Impulsivity/Emotional Lability	H		45
DSM-IV Inattentive	I		52
DSM-IV Hyperactive-Impulsive	H		50
DSM-IV Symptom Total	I, H		51
CPT II Confidence Index/ CAARS ADHD Index	I, H	69***	56*

Note. For DSM-IV Subtype Assessed, I = Inattentive, H = Hyperactive-Impulsive

* = Slightly atypical, ** = Mildly atypical, *** = Moderately atypical, **** = Markedly atypical.

^ = Lower than average (fast response time)

Results Summary

Overall Indexes

The CPT II Clinical Confidence Index provides an estimate of the probability that Michael's CPT II performance resembles that of a clinical profile. The CAARS ADHD Index is composed of the twelve CAARS items that best differentiate individuals with ADHD from those without. Michael's CPT II Clinical Confidence Index is listed below, along with the ADHD Index scores from the selected CAARS administrations. The appropriateness of an ADHD diagnosis can be explored through the Clinical Confidence Index and the ADHD Index scores, both through their magnitude, as well as through consensus across assessment types and raters.

Assessment Type	Index/Subscale	T-score	Guideline
CPT II	Clinical Confidence Index	69	Clinical
CAARS-S:L	ADHD Index	56	Slightly atypical

Measures of Inattention

Scores on the following indexes or subscales are elevated and may be evidence that Michael has a problem with inattention.

Assessment Type	Index/Subscale	T-score	Guideline
CPT II	Commissions	59	Slightly atypical
	Hit RT Std. Error	63	Mildly atypical
	Variability	59	Slightly atypical
	Detectability (d')	58	Slightly atypical
	Hit RT ISI Change	70	Moderately atypical
	Hit SE ISI Change	58	Slightly atypical

Measures of Hyperactivity and Impulsivity

Scores on the following indexes or subscales may indicate that Michael has difficulty with hyperactivity or impulsivity.

Assessment Type	Index/Subscale	T-score	Guideline
CPT II	Commissions	59	Slightly atypical

Report Summary

Michael's CPT II performance produced significant index and/or subscale score elevations on measures of inattention. However, related subscale scores on the selected CAARS administrations are normal or close to normal, indicating that the respondents do not feel that Michael is having difficulty with ADHD-related behavior within the assessment contexts. Further investigation is warranted. Results from these assessments should be carefully reviewed and integrated with results from other assessments as well as collateral information obtained from other sources.