

Revised Vanderbilt Announcement 2017

We are pleased to announce release of revisions to the Vanderbilt questionnaires.

New

- **Severity rating and flags were added to the diagnoses to draw attention when there is a problem indicated on the questionnaire.**
- None of the questions or other logic have been modified since the last release in 2016 updating scoring and changing names of the diagnoses to the DSM-5 nomenclature as noted below.

As usual

- **Disorder diagnosis**, as always, requires a certain number of “significant” (2 “often” or 3 “very often”) symptoms PLUS significant impact.
- A **color graphic** of Vanderbilt results over time per respondent can be accessed by a link in the results table in the Detail View. When you autoassign Vanderbilt versions “with Medications” the medication and dose are entered by the parent and appear in the graphic for ease in management.

2016 Scoring reminder

- **Impact** is rated as “significant” if there is a score of 4 (Somewhat Problematic) on **two or more** or a score of 5 (Problematic) on **one or more** Performance items. Performance items include academics (4 items) and behavior (4 items for Teacher, 5 items for Parent). All **items scored for impact** read as: Performance: [Reading] (Signif. 4 or 5/5): 5
- **Age of onset** has been changed to <12 years per DSM-5.
- **Two Mean Symptom Scores**- one for inattentive and one for hyperactive symptoms are now provided instead of having the Total Symptom Score calculated by number of symptom items (18 possible) scored at a level of 2 or 3. The range of the average is 0-3 with 3 worst. (0-3 x 9=27 divided by 9 items).
- **Significant comorbid symptoms:**
- **Teacher** Initial Vanderbilt (Challenge) requires: Oppositional-Defiant/Conduct Disorder Screen: **>=3/10** significant
- Anxiety/Depression Screen: **>=3/7** significant PLUS significant impact
- **Parent** Initial Vanderbilt (Challenge) requires: Oppositional-Defiant Disorder Screen: **>=4/8** significant
- Conduct Disorder Screen: **>=3/14** significant Anxiety/Depression Screen: **>=3/7** significant PLUS significant impact
- **Opposition** symptoms are included in Parent and Teacher Follow Up questionnaires as these cause impairment and often respond to the same interventions as for the ADHD symptoms. This allows tracking of opposition over time using the Follow Up versions.
- **Times of day** are entered by respondents regarding when and which symptoms are worse at different times. This conforms to AAP guidelines to assess medication duration. It also helps identify specific school subjects/periods associated with worse symptoms that may suggest a learning weakness or teacher-child mismatch.

Clarifications in wording

- The **name** of the Average Performance Impairment Score is now “Performance Mean Score” to clarify that this is not suggesting a typical result. This can be used to track impairment with 1 = best, 5 = worst.
- **Criteria** for Positive Initial Vanderbilt, Parent or Teacher for ADHD symptoms (Challenge) requires:
- ADHD Inattentive Presentation: **>=6/9** significant (only 5 needed for children >17 years)
- Predominantly Hyperactive/Impulsive ADHD: **>=6/9** significant (only 5 needed for children >17 years)
- ADHD, Combined Presentation: **>=6/9** for both of above (only 5 needed for children >17 years)
- PLUS significant impact.
- The **names of all disorder diagnoses** have been changed as in: “ADHD, Combined presentation criteria met; off meds” to indicate that results of the questionnaire are not sufficient to make an ADHD diagnosis. Symptoms in two settings and rule outs of other conditions are needed.
- **Comorbid symptom** results now include words for above or below the cut score as in: “Oppositional scale above cut score; off meds (Signif. $\geq 4/8$ items at 2 or 3): 5”

*Remember, you can always access detailed information about all questionnaires from the “?” next to the tool name. Please contact your account manager or Dr. Howard at bhoward@chadis.com if you have any questions!