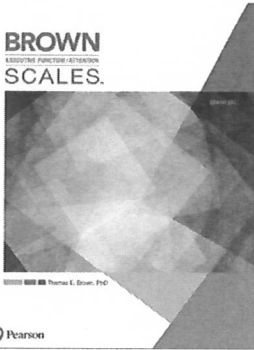


### Distinguishing Features

- Clinical and Research-Based
- Items are more specific and contextual
- Multiple Perspective Assessment
- Focus on severity as opposed to frequency
- Includes DSM-5 symptoms of ADHD and more



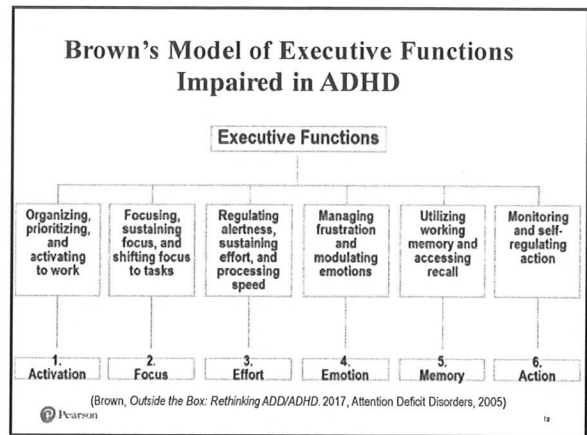
**BROWN**  
EXECUTIVE FUNCTION-ATTENTION  
SCALES.

Thomas E. Brown, PhD

Pearson

Brown EF/A Scales 11

1




2

### Available Forms

- 3 - 7 years Parent, Teacher
- 8- 12 yrs. Parent, Teacher, Self-Report
- 13 – 18 yrs. Self-Report, Parent (new)
- 19+ years Self-Report

- Forms can be completed at home then reviewed in session, or administered orally by examiner
- Forms can be completed in 10-15 minutes



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SCALES.


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Brown EF/A Scales 13

3

### Situational Variability of EF/A impairments are Reflected in the Items

- Differentiates between tasks, e.g. reading, with strong or minimal interest for the individual
- Inquires about "when writing or talking..."
- Restless, fidgety when have to wait
- Hard for me to stop doing things I like to do, even when I know I should



**BROWN**  
EXECUTIVE FUNCTION-ATTENTION  
SCALES.

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Brown EF/A Scales 14

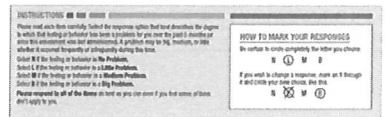
4

### Dimensions for Item Responses

Most other ADHD or EF rating scales ask frequency of behaviors related to ADHD in terms of "how often?" But "frequency" does not always indicate how much that problem actually impairs functioning.

Brown EF/A scales ask how big a problem?

0. No problem
1. Little problem
2. Medium problem
3. Big problem



**INSTRUCTIONS**

Please read each item carefully. Select the response option that best describes the degree to which that rating of behavior has been a problem for you over the past 6 months. Write the associated circle number (0, 1, 2, or 3) in the space provided for the item. Do not select a response frequency or frequency during this time.

Select **0** if the rating is behavior is a **Little Problem**.  
Select **1** if the rating is behavior is a **Medium Problem**.  
Select **2** if the rating is behavior is a **Big Problem**.

Please respond to **all** of the items on test so you can earn a full score of items completed to you.


**HOW TO MARK YOUR RESPONSES**

Be certain to circle completely the letter you choose.

0 1 2 3

If you need to change a response, mark an X through the circle and then circle the new response.

X 0 1 2 3



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Brown EF/A Scales 18

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### BROWN

EXECUTIVE FUNCTION-ATTENTION  
SCALES.

**Summary**

Brown EF/A Scales™  
Brown Executive Function-Attention Scales  
Thomas E. Brown, PhD

**Examinee Information**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
City of Birth: \_\_\_\_\_  
Home Country: \_\_\_\_\_

**Rating Information**

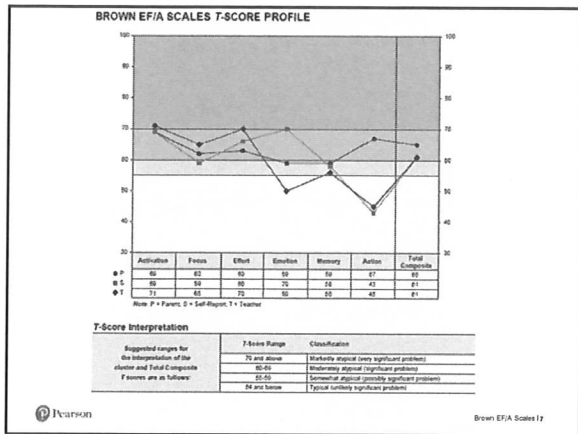
Form	Sample Form	Date of Rating	Age at Rating
Parent (P)	Sample Form - Mother	11/05/2017	8 years 3 months
Teacher (T)	Sample Form - Teacher	12/05/2017	8 years 2 months
Teacher (T)	Sample Form - Sample Education Teacher	11/05/2017	8 years 8 months

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Brown EF/A Scales 18

6



7

**ITEM RESPONSES BY CLUSTER**

Cluster 1: Activation	No Problem	Little Problem	Medium Problem	Big Problem
Seems to have trouble getting started on tasks, projects, or other assigned tasks				P, S, T
Has difficulty transitioning from one activity to another		P, S		T
Has trouble making up, getting out of bed, and getting started in the morning			P, S	T
Has trouble getting organized and using the most important things first without wasting time				S, T, X
Experiences too much	P	S	T	
Work is rushed, incomplete, or late			P, T	S
Waits until the last minute to do things			P, S, T	
Needs to be told or shown the same instructions repeatedly before following them correctly				T, P
Is slow to get started on doing work or getting ready to go somewhere *				P, T

Cluster 2: Focus	No Problem	Little Problem	Medium Problem	Big Problem
Is easily distracted by background noises or other activities that are happening at the same time	P	S, T		
Needs to be reminded to keep working or to stay attentive			P	S, T
Feels it hard to focus on one thing for a long time unless the task is interesting			S	P, T
Needs to have instructions repeated several times before understanding them		S	P, T	
Gets stuck doing one thing and has a hard time switching to something else that is more important		S	P, T	
Is difficult to understand because he or she speaks too quickly or keeps changing topics and leaving				P, S, T
Seems to lose focus easily when listening or reading something interesting				P, S, T
Tries to pay attention but seems to lose focus and misses out on important information			P	S, T
Seems preoccupied with own thoughts and seems to forget about whatever else is going on				P, S, T
Has to read understanding things more than once to remember them			P, S, T	

8

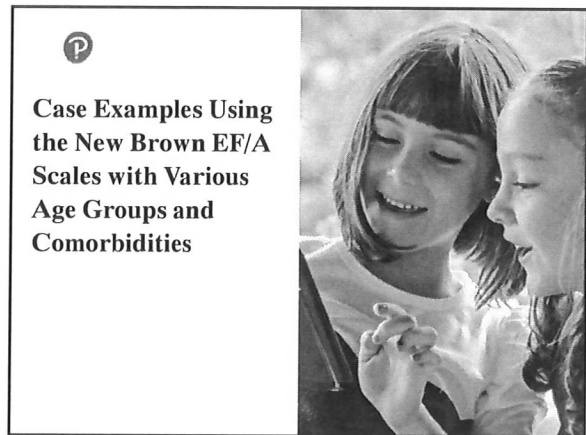
**ITEM RESPONSES BY CLUSTER (cont.)**

Cluster 3: Effort	No Problem	Little Problem	Medium Problem	Big Problem
Unless engaged in a favorite activity, seems sleepy or tired during the day, even after a full night of sleep		P, S		T
Tends to take time to finish routine tasks, like homework or chores			P	S, T
Gives up quickly when trying to learn something new that is difficult		P, S, T		
Has trouble staying interested in routine tasks, especially when working alone				P, S, T
Seems to have trouble getting to sleep at night *		P, S		
Produces inconsistent schoolwork, sometimes it's good, sometimes it's not			P	S, T
Needs to be reminded to get started or to keep working on tasks that need to be done				P, S, T
Has trouble finishing routine tasks that aren't very interesting				P, S, T
Stops after starting a school project or assignment, gets bored and doesn't want to finish *			P, T	S

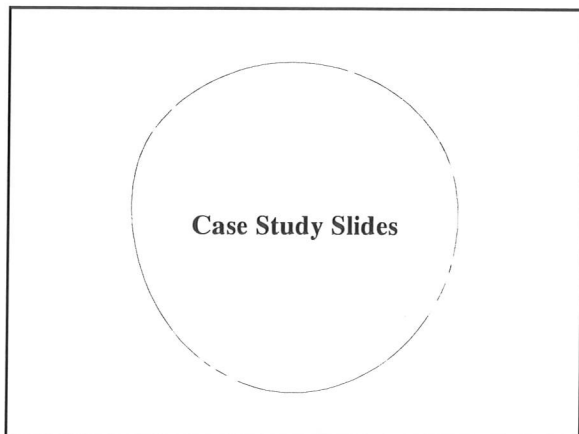
  

Cluster 4: Emotion	No Problem	Little Problem	Medium Problem	Big Problem
Seems overwhelmed by everyday tasks and situations that should be manageable	P, T	S		
Worries too much	P, T		S	
Gets frustrated and irritable over little annoyances	T	P	S	
Gets easily sensitive and defensive when teased or criticized	T	P, S		
Spends too much time on little details trying to make things perfect			P, T	S
Gets so nervous when talking back that he or she is unable to remember information learned the day before	T	P	S	
Is shy and doesn't talk much to others of the same age *		P	S	
Seems sad or depressed		T	P, S	
Seems to not care very much about schoolwork	T	P	S	
Has a hard time controlling his or her temper	T	P, S		

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**Cluster and Composite Scores: T Scores**


**BROWN SCALES**  
EVIDENCE-BASED FUNCTIONAL ASSESSMENT

- T scores indicate the distance of scores from the norm group mean.
  - Standard scores with a mean of 50 and a standard deviation (SD) of 10.
  - T score of 80 indicates that the individual's score is 3 SDs above the norm group mean, and a T score of 30 is 2 SDs below the mean.
- T scores for the Brown EF/A Scales are non-normalized linear transformations of raw scores, so they preserve the shape of the raw-score distributions, some of which are significantly skewed.

**Table 3.1 Cluster and Composite Score Classification**

T-score range	Classification
70 and above	Markedly atypical (very significant problem)
60-69	Moderately atypical (significant problem)
55-59	Somewhat atypical (possibly significant problem)
54 and below	Typical (unlikely significant problem)

12



### Meet Harper

**5 year old male; Preschooler**

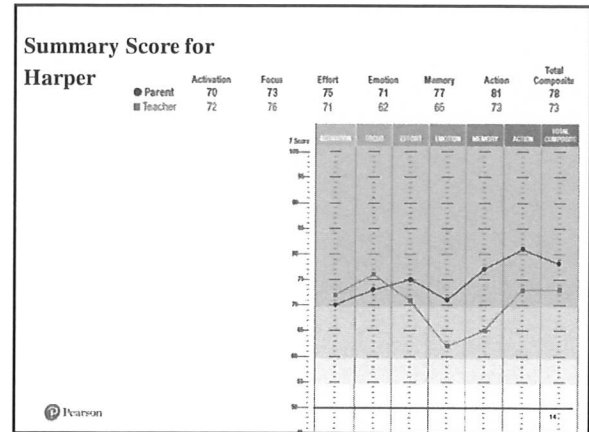
**Presenting complaint:** Removed from preschool due to excessive impulsivity and hyperactivity. Restless, difficulty staying in seat for more than a couple of minutes. Chronic difficulty falling asleep.

**Teachers:** Feared he may injure himself or others when frustrated.

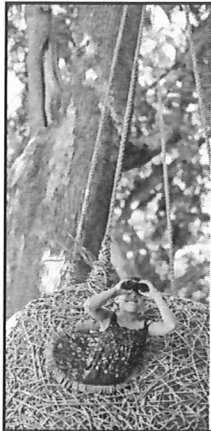
**Mother:** Worried he may accidentally hurt his younger sibling.

113

13



14



### Meet Emma

**7 year old female; 2<sup>nd</sup> grader**

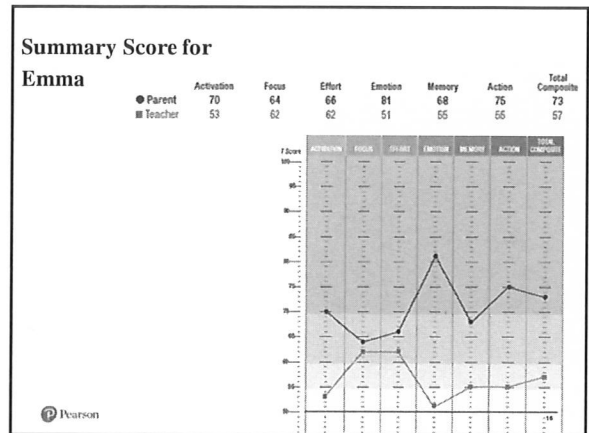
**School (and after care):** Behaves reasonably well.

**Home:** Adopted at birth; biological mother addicted to drugs. Extreme oppositional behavior with frequent tantrums throughout the day. Frustration triggers verbal and physical outbreaks toward **mother**.

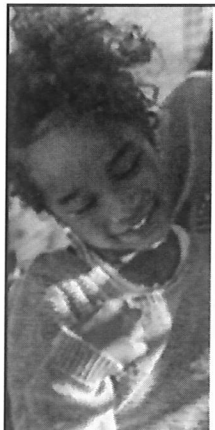
**Mother:** Reacts with anger then takes refuge in the bathroom.

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15



16



### Meet Sofia

**8 year old female; 3<sup>rd</sup> grader**

**Presenting complaint:** Problems with sustaining attention, excessive forgetfulness, and slow task completion.

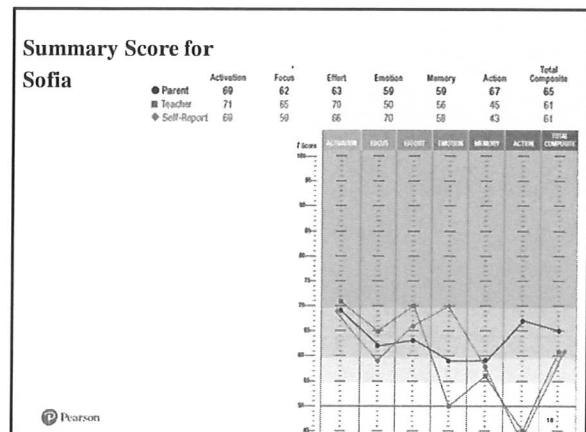
**School:** Strong academically in all areas, but dislikes school "because it is so boring".

**Home:** No issues, but uses somatic complaints to resist going to school

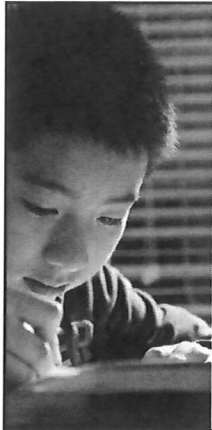
**Self:** Does not want others to look at her

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17



18



**Meet Robbie**

**10 year old male; 5<sup>th</sup> grader**  
Tall and overweight for his age

**School:** Appears unhappy and preoccupied. Bright, good grades, but doesn't complete written assignments or homework.

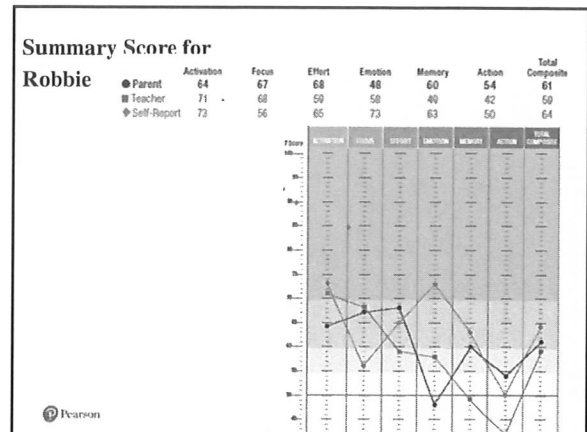
**Self:** Complains of being teased at school because of weight.

**Home:** Spends hours playing video games; only play dates with younger cousin

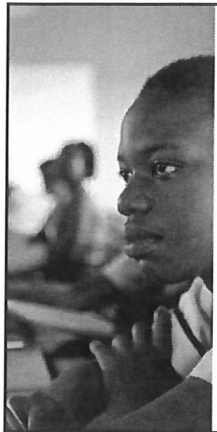
**Parents:** Worried about his isolation and transition to middle school

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19



20



**Meet Alex**

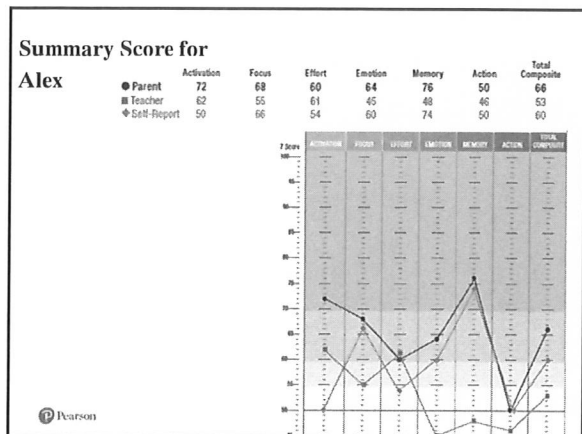
**13 year old male; 7<sup>th</sup> grader**

**Presenting complaint:** Trouble transitioning to middle school. Has had difficulty keeping track of assignments in subjects that require memorization (Spanish and Social Studies)

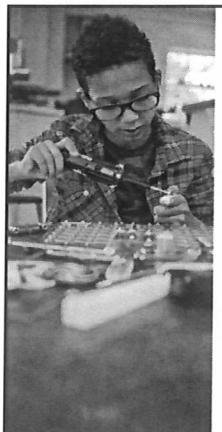
**Self:** Trouble putting his "good ideas" on paper. He has to get each sentence to sound "just right" before he can write the next sentence.

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22



**Meet Daniel**

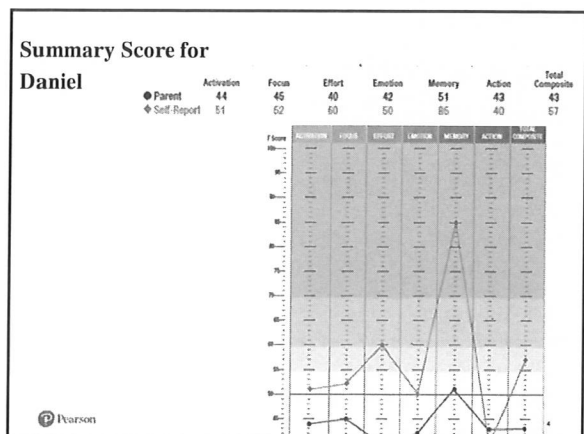
**16 year old male; 10<sup>th</sup> grader**

**Presenting complaint:** Requested evaluation because of declining grades despite many hours of study each day. Outstanding athlete, star soccer player.

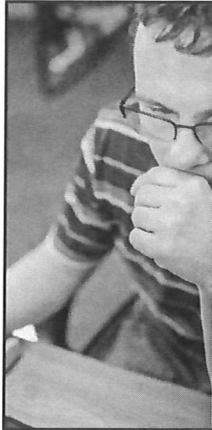
**Self:** complains he studies for a test and has answers when quizzed at home before a test, but then can't recall answers the next day in class. He also complains of difficulty in recalling what he has just read, unless it's very interesting.

123

23



24



**Meet Kendall**

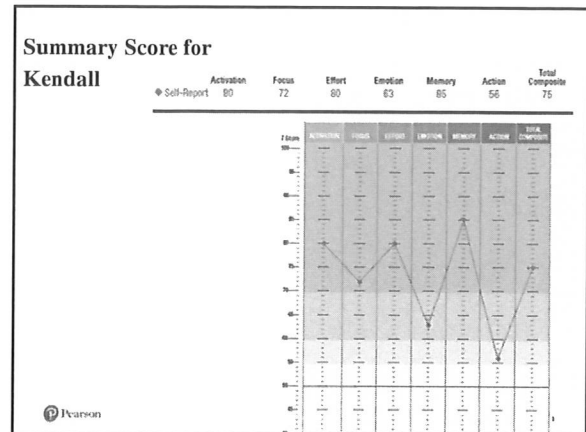
19 year old male; College Freshman

**Presenting complaint:** Sluggish and depressed in evaluation. Diagnosed with ADHD in 9<sup>th</sup> grade, responded well to medication, parental support and tutoring.


**Home:** Parents brought him for evaluation because he failed all but one of his courses during his first semester.

**Self:** Stopped taking medication in college but self-medicated with daily marijuana use and episodic drinking.

25



26



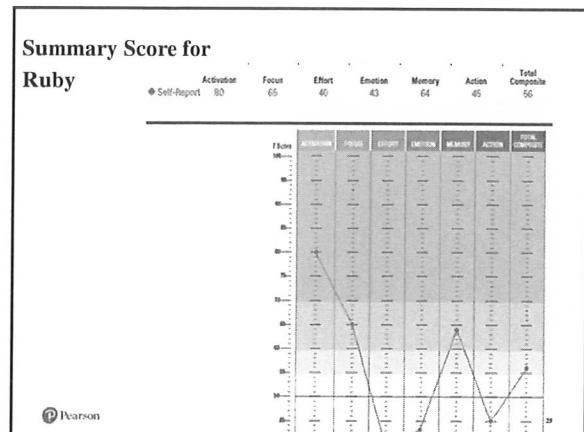
**Meet Ruby**

43 year old female, ICU RN

**Presenting complaint:** Successful and respected RN for several years. Promoted to Nurse Manager, after which she began to feel overwhelmed by administrative duties

**Home:** Her 15 year old daughter had been diagnosed with ADHD one year earlier and responded well to medication, but Ruby had no previous history of ADHD in earlier years.

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**ADHD with Comorbid Disorders**

29

**ADHD Is a Complex Disorder Often Complicated by Comorbidity** **BROWN SCALES.**

- In 50-70% of cases, ADHD is further complicated by one or more additional psychiatric or learning disorders
- Not only is it possible to have another disorder with ADHD, it is **6 times more likely** in lifetime than for those without ADHD

*Pliszka SR, et al. ADHD with Comorbid Disorders; 1999. Brown TE. Attention-Deficit Disorders and Comorbidities in Children, Adolescents, and Adults; 2000.*

30

### Types of Comorbidity

**BROWN**  
EXECUTIVE FUNCTIONS, ATTENTION  
SCALES.

1. **Cross-sectional** (within past 6-12 mos)
2. **Lifetime** (ever within entire life)
3. **Dynamic** (waxing and waning)
4. **Subthreshold** (impairing w/o full criteria)

Pearson 121

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### Other Psychiatric Disorders Often Accompany ADHD

**BROWN**  
EXECUTIVE FUNCTIONS, ATTENTION  
SCALES.

70% of children with ADHD had at least one psychiatric disorder in addition to ADHD. (MTA, 1999)

Pearson 122

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### Comorbidity in MTA study

**BROWN**  
EXECUTIVE FUNCTIONS, ATTENTION  
SCALES.

- Did not include learning disorders
- Selected only combined type ADHD
- Included only 7-9 yo children
- Cross sectional (6-12 mos)

Pearson 123

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### Lifetime Psychiatric Disorders in Adolescents (13-18 yrs) (n=10,123)

**BROWN**  
EXECUTIVE FUNCTIONS, ATTENTION  
SCALES.

- Any mood disorder 14.3%
- Any anxiety disorder 31.9%
- Any behavior disorder 19.6%
- Any substance use disorder 11.4%
- Eating Disorders 2.7%
- Any disorder 49.5%

1 class: 58% 2 classes: 24% 3+ classes: 18%

Merikangas, et al, 2010

Pearson 124

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### Psychiatric Comorbidities in adults with ADHD

**BROWN**  
EXECUTIVE FUNCTIONS, ATTENTION  
SCALES.

	12 mo.		Lifetime	
	%	OR	%	OR
Any mood	25.5	3.5	45.4	3.0
Any anxiety	47.0	3.4	59.0	3.2
Any substance	14.7	2.8	35.8	2.8
Any impulse <sup>1</sup>	35.0	5.6	69.8	5.9
Any psychiatric	66.9	4.2	88.6	6.3

<sup>1</sup>impulse = antisocial pd, ODD, CD, Intermittent explosive disorder, bulimia, gambling

Ntl Comorbidity Survey-Replication data presented by R.Kessler at APA, 5/1/04

Pearson 125

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### An Alternative Theory of Comorbidity

**BROWN**  
EXECUTIVE FUNCTIONS, ATTENTION  
SCALES.

- ADHD = **developmental impairment** of executive functions
- ADHD is not just one disorder among many
- ADHD is a **foundational disorder** that cross-cuts other disorders
- ADHD **increases risks of other disorders**

Pearson Brown, in press 126

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### Anxiety & Depression with ADHD

**BROWN SCALES**

	Children	Adults
Anxiety	9%-34%	28%-47%
Depressive	14%-22%	38%-63%
Disruptive Mood Regulation	???	???

- Many individuals have more than 1 with ADHD
- Treat most acute problem first (suicidal, veg, panic)
- Medications may worsen or alleviate anxiety/irritability
- Watch "attentional bias" & working memory in both

Pearson 127

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### Bipolar Disorder with ADHD

**BROWN SCALES**

	Children	Adults
Bipolar	2-21%	3-17%

- Estimated rates vary widely depending on operational definition, especially re: requiring episodicity
- Involves not only ability to regulate emotions, but also to a) inhibit and manage actions b) manage arousal
- If level of arousal is chronically too high or exacerbated by stimulants, guanfacine or mood stabilizers may be preferable.
- If needed, stimulants may be added when mood/arousal are stabilized

Pearson 128

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### Differentiating ADHD & Bipolar Disorder

**BROWN SCALES**

Symptom	ADHD	Bipolar
Irritability/Rage	+/-	+++
Hyperactivity	++	+++
Inattention	++	+++
Depression	+/-	+++
Sub abuse	+	+++
Psychosis	-	++

**Legend**

- = Presence
- = More present
- = Most present
- = Absence
- +/- = May be present

*Wilens TE, Biederman J, Wozniak J, et al. Biol Psychiatry. 2003;54:1-8. Wilens et al. ADHD. In: Hendren, ed. Disruptive Behavioral Disorders in Youth. APA Press; Washington, DC; 1998.*

Pearson 129

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### Oppositional Defiant Disorder with ADHD

**BROWN SCALES**

- Chronically angry/irritable
- Defiant, headstrong; Vindictive
- Incidence 35-50% (usually combined type ADHD)
  - May be quick/impulsive or sullen/sustained Not just feelings, overt verbal/physical actions
  - Onset usually ~ 12 yrs; Duration ~ 6 years >70% not CD by 18 yrs; Most never dx CD
- May respond to stimulants and/or guanfacine

Pearson 130

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### Conduct Disorder with ADHD

**BROWN SCALES**

- Adolescent lifetime incidence = 6.8%
- Serious delinquent behavior: Physical cruelty to people, theft w/confrontation of victim, fire-setting, persistent truancy
- Higher risk of substance use disorder
- Stims and/or guanfacine maybe useful

Pearson 131

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### ADHD + Sleep/Arousal Problems

**BROWN SCALES**

Falling asleep, awakening, daytime alertness

- May be primary, or secondary to other disorders: MDD, anxiety, substance abuse, sleep apnea
- Late afternoon stimulant dose may cause or help *dfa*
- Assess sleep schedule and sleep "hygiene" consider anxiety, breathing problems, OSA

*dfa*: Melatonin, Benadryl, clonidine, Klon  
*daw*: In-bed stim dose 1 hr before get-up; small dose of Daytrana MPH patch during night

Pearson 132

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**OCD with ADHD** **BROWN**  
EFFECTIVE FUNCTIONING SCALES

Normal obsessions/compulsions vs disorder (OCD in 10-30% of ADHD v 4%)

- Obsessions: variable "overfocusing"
- Compulsions: rituals/ perseveration"
- Excessive perfectionism, e.g. in writing
- Stims may worsen
- SSRI useful for OCD, not for ADHD
- Stims + SSRI or clomipramine and/or behav tx for OCD

Pearson 143

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**Substance Use Disorders with ADHD** **BROWN**  
EFFECTIVE FUNCTIONING SCALES

Odds ratio for SUD in adults with ADHD

• Nicotine	2.4-2.8
• Alcohol	1.4-1.7
• Marijuana	1.5-2.3
• Cocaine	2.05
• Any SUD	2.6-3.4

ADHD meds alone do not alleviate SUD  
 Childhood med tx for ADHD may reduce risk  
 Education & 12 Step Programs  
 "clean" before med treatment: How long??  
 "Abstinence" vs "Harm Reduction"  
 rehab vs outpatient relapse prevention

Pearson 144

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**Substance Use Disorders with ADHD** **BROWN**  
EFFECTIVE FUNCTIONING SCALES

Substance	Odds ratio
Nicotine	2.4-2.8
Alcohol	1.4-1.7
Marijuana	1.5-2.3
Cocaine	2.05
Any Substance Use Disorder	2.6-3.4

- ADHD meds alone do not alleviate SUD
- Childhood medication Tx for ADHD may reduce risk
- Education & 12 Step Programs
- "clean" before med treatment: How long??
- "Abstinence" vs "Harm Reduction"
- rehab vs outpatient and relapse prevention

Pearson 145

45

**Autism Spectrum Disorders with ADHD** **BROWN**  
EFFECTIVE FUNCTIONING SCALES

**Prevalence and Symptoms**

- 20-50% of those with ADHD have ASD
- If signif. ADHD sx in ASD, consider ADHD tx
- Significant social impairment (*poor in: empathy, non-verbal communication, developing friendships*); pragmatic language; and all-absorbing interest

**Treatment and Support**

- Based on spectrum of sx severity & cognitive abilities
- Need school supports
- Social skills instruction
- Stimulants->ADHD sx (titrate cautiously)->ATX
- ?SSRI for OCD, anxiety

Pearson 146

46

**Differential Dx vs Multiple Diagnoses** **BROWN**  
EFFECTIVE FUNCTIONING SCALES

- Multiple perspectives on presenting sx and priorities: (Pt view? Others' Views)
- Time frames for presenting sx?
- Aspects of functioning going OK?
- Wide screen for possibly related disorders
- Which meet full dx criteria? Impairment?
- Either/or vs Both/and ----> Priorities??

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**Complicated ADDs** **BROWN**  
EFFECTIVE FUNCTIONING SCALES

- Expect complications in >50% cases
- Complicating factors often interact
- Family stress: contributory & reactive
- Individual problems may mask other problems
- Setting may make big difference +/-
- Monitor meds carefully, ?change/combine
- Attend to health as well as illness
- Improvement is often slow and mixed

Pearson 148

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**Books by Thomas E. Brown, Ph.D.**

@

[www.BrownADHDclinic.com](http://www.BrownADHDclinic.com)

The advertisement features a central text block with the author's name, an at-sign, and a website URL. Surrounding this text are four book covers: 'Outside the Box: Rethinking ADD/ADHD in Children and Adults', 'Smart & Stuck: Emotions & Types of Adults with ADHD', 'ADHD COMORBIDITIES: Addressing the ADHD Complications in Children and Adults', and 'Attention Deficit Disorder'. The Pearson logo is visible in the bottom left corner of the advertisement frame.