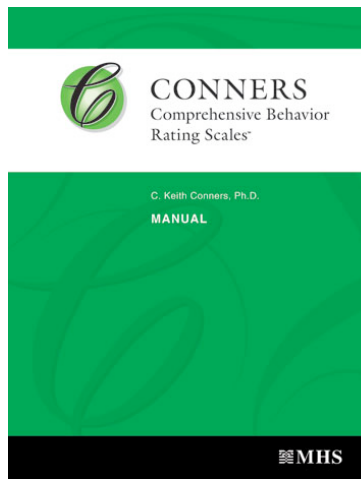


Conner's Comprehensive Behavior Rating Scales™



Created in response to a growing demand for an assessment that identifies a multitude of disorders and concerns, the Conner's CBRS aids psychology professionals in obtaining a comprehensive assessment of children and adolescents via a multi-informant rating process. The instrument assists with the diagnostic process through direct links to the DSM-IV-TR™ and the IDEA 2004 and identifies and qualifies students for inclusion in special education/research studies. In addition, the Conner's CBRS assists in the development of intervention treatment plans, monitors the individual's response to intervention/treatment, and evaluates the effectiveness of intervention/treatment.

Adolescents from 8-18 years can complete the Self-Report Forms. The instrument includes DSM-IV-TR symptom scales that assess the following disorders:

Generalized anxiety disorder
Separation anxiety disorder
Social phobia
Major depressive episode
Manic episode

Autistic disorder
Asperger's disorder
Attention-deficit/hyperactivity disorder
Oppositional defiant disorder
Conduct disorder

The Conner's CBRS is composed of:

12 Conner's CBRS scales--Emotional Distress, Aggressive Behaviors, Academic Difficulties: Total, Academic Difficulties: Language, Academic Difficulties: Math, Hyperactivity, Hyperactivity/Impulsivity, Social Problems, Separation Fears, Perfectionistic and Compulsive Behaviors, Violence Potential, and Physical Symptoms.

14 DSM-IV-TR Symptom scales--ADHD Hyperactive/Impulsive, ADHD Inattentive, ADHD Combined, Conduct Disorder, Oppositional Defiant Disorder, Major Depressive Disorder, Manic Episode, Mixed Episode, Generalized Anxiety Disorder, Separation Anxiety Disorder, Social Phobia, Obsessive-Compulsive Disorder, Autistic Disorder, and Asperger's Disorder.

3 Validity scales--Positive Impression, Negative Impression, and Inconsistency Index.

11 Other Clinical Indicator scales--Bullying Perpetration, Bullying Victimization, Enuresis/Encopresis, Panic Attack, Pervasive Developmental Disorder, Pica, Post Traumatic Stress Disorder, Specific Phobia, Substance Use, Tics, and Trichotillomania.

3 Impairment Item scales--Schoolwork/Grades, Friendships/Relationships, and Home Life.

2 Critical Item scales--Severe Conduct and Self-Harm.

2 Additional Question scales--Other Concerns and Strengths.

The Conner's Comprehensive Behavior Rating Scales™ (Conner's CBRS™) is an instrument designed to provide a complete overview of child and adolescent disorders and concerns.

The age range suitable for this assessment is 6 to 18 years for parent and teacher forms and 8 to 18 years for self-report forms.

Conner's CBRS is a comprehensive multi-informant tool that:

- Assists in the diagnostic process
- Identifies and qualifies students for inclusion or exclusion in special education/research studies
- Assists in the development of intervention treatment plans
- Monitors your child's response to intervention/treatment
- Evaluates the effectiveness of intervention/treatment plans

Key areas measured:

- Emotional distress: total, upsetting thoughts, worrying, social problems, upsetting thoughts/physical symptoms, separation fears, social anxiety
- Aggressive behaviors
- Academic Difficulties: total
- Academic Difficulties: language
- Academic Difficulties: math's
- Hyperactivity/Impulsivity
- Separation Fears
- Social Problems
- Perfectionistic and Compulsive Behaviors

Conner's CBRS Parent Rating Scales

Conner's CBRS parent forms assess behaviors, concerns and academic problems in children between the ages of 6 and 18 years and are reported by parents. The form is available in one comprehensive length (Conner's CBRS-P) and is recommended for initial evaluations if time allows. When used in conjunction with teacher ratings, differences between home and school are highlighted.

Conner's CBRS Teacher Rating Scales

Conner's CBRS teacher forms assess behaviors, concerns and academic problems in children between 6 and 18 years old and are reported by teachers. This version provides comprehensive results, and is recommended for initial evaluations if time allows (Conner's CBRS-T). When used with the parent scale differences between home and school are highlighted.

Conner's CBRS Clinical Index

The Conner's CBRS offers a 25-item Conner's CBRS Clinical Index which is available for parents, teachers and youth. The brief index works well when screening a large group of children and adolescents to see if further assessment of a number of disorders such as social phobia, Asperger's disorder and manic episode is warranted.

The Clinical Index is a useful tool which can help build support for whether a child is likely to have a clinical diagnosis, or is more similar to youth who do not have a clinical diagnosis. Additionally, this form can be used to monitor the effectiveness of treatment plans, and measure the patient's response to intervention.



CONNERS

Comprehensive Behavior
Rating Scales™

By C. Keith Conners, Ph.D.

Conners CBRS–Self-Report Assessment Report

Name/ID:

Emily

Age:

11 years

Gender:

Female

Birth Date:

October 11, 1996

Grade:

5

Administration Date:

October 23, 2007

Assessor Name:

Data Entered By:

Jane

Normative Option:

Gender-specific norms

Report Options:

The following features were included in this assessment report: Standard Error of Measurement, Percentiles. The following additional features are available: Item Responses by Scale.

This Assessment report is intended for use by qualified assessors only, and is not to be shown or presented to the respondent or any other unqualified individuals.



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3770 Victoria Park Ave., Toronto, ON M2H 3M6

Introduction

Conners Comprehensive Behavior Rating Scale–Self-Report (Conners CBRS–SR) is an assessment tool that prompts the youth to provide valuable information about herself. This instrument is helpful when information regarding a number of childhood disorders and problem behaviors is required. When used in combination with other information, results from the Conners CBRS–SR can provide valuable information to guide assessment decisions. This report provides information about the youth's score, how she compares to other youth, and which scales are elevated. See the *Conners CBRS Manual* (published by MHS) for more information.

This computerized report is an interpretive aid and should not be given to clients or used as the sole criterion for clinical diagnosis or intervention. Administrators are cautioned against drawing unsupported interpretations. Combining information from this with information gathered from other psychometric measures, as well as from interviews and discussions with the youth, will give the practitioner or service provider a more comprehensive view of the youth than might be obtained from any one source. This report is based on an algorithm that produces the most common interpretations for the scores that have been obtained. Administrators should review the client's responses to specific items to ensure that these typical interpretations apply.

Assessment of Validity

The following section provides Emily's scores for the Positive and Negative Impression scales and the Inconsistency Index.

Positive Impression

Raw score = 0 (Probably valid)

The Positive Impression score does not suggest an overly positive response style.

Negative Impression

Raw score = 1 (Probably valid)

The Negative Impression score does not suggest an overly negative response style.

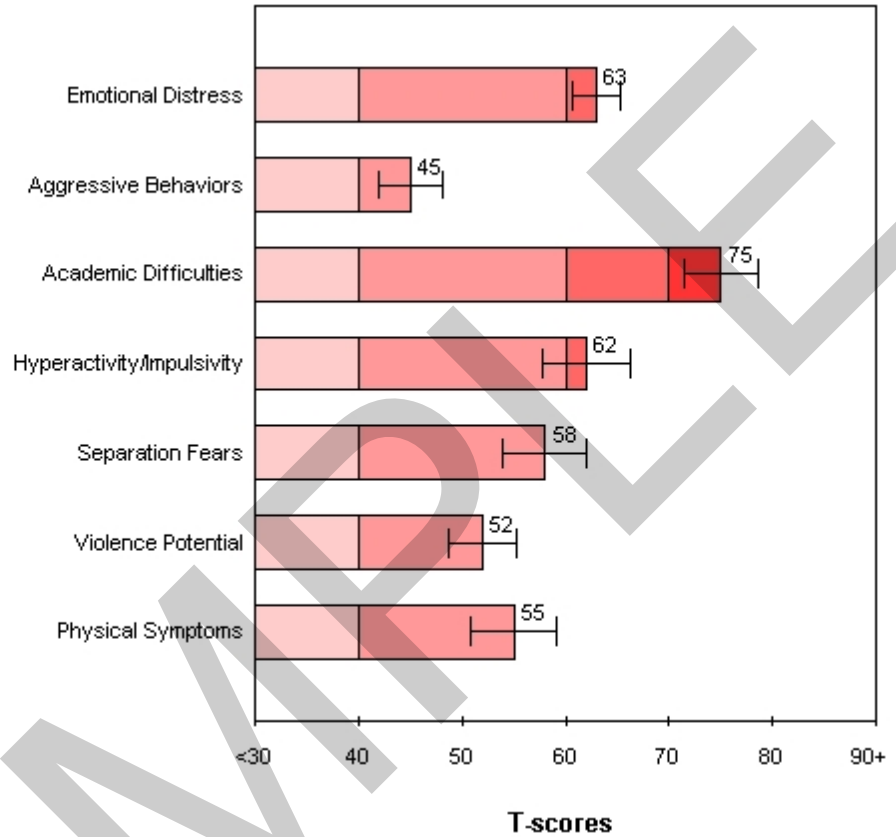
Inconsistency Index

Raw score = 3, Number of absolute differences $\geq 2 = 0$ (Probably valid)

The responses to similar items are consistent with one another.

Conners CBRS–SR Content Scales: T-scores

The following graph provides T-scores for each of the Conners CBRS–SR Content scales and subscales. The error bars on each bar represent Standard Error of Measurement (SEM) for each scale score. For information on SEM, see the *Conners CBRS Manual*.



Conners CBRS–SR Content Scales: Detailed Scores

The following table summarizes the results of Emily’s self assessment and provides general information about how she compares to the normative group. Please refer to the *Conners CBRS Manual* for more information on the interpretation of these results. Caution: please note that *T*-score cutoffs are guidelines only and may vary depending on the context of assessment. *T*-scores from 57–63 should be considered borderline and of special note since the assessor must decide (based on other information and knowledge of the youth) whether or not the concerns in the associated area warrant clinical intervention.

Scale	Raw Score	T-score ± SEM (Percentile)	Guideline	Common Characteristics of High Scorers
Emotional Distress	34	63 ± 2.3 (89)	Elevated Score (More concerns than are typically reported)	Worries a lot (including possible social anxieties); may feel nervous. Low self-confidence. May show signs of depression. May have physical complaints (aches, pains, difficulty sleeping); may have repetitive thoughts or actions.
Aggressive Behaviors	2	45 ± 3.1 (39)	Average Score (Typical levels of concern)	Physically and/or verbally aggressive; may show violence, bullying, destructive tendencies; may be argumentative; may have poor control of anger/aggression. May seem uncaring. May have legal problems.
Academic Difficulties	20	75 ± 3.6 (97)	Very Elevated Score (Many more concerns than are typically reported)	Struggles with reading, writing, spelling, and/or arithmetic. May have difficulty keeping up in school.
Hyperactivity/ Impulsivity	11	62 ± 4.2 (88)	Elevated Score (More concerns than are typically reported)	High activity levels, may be restless, may have difficulty being quiet. May have problems with impulse control; may interrupt others or have difficulty waiting for his/her turn.
Separation Fears	7	58 ± 4.1 (78)	Average Score (Typical levels of concern)	Fears being separated from parents/caregivers.
Violence Potential	7	52 ± 3.3 (62)	Average Score (Typical levels of concern)	At risk for acting violently.
Physical Symptoms	9	55 ± 4.2 (82)	Average Score (Typical levels of concern)	May complain about aches, pains, or feeling sick. May have sleeping or eating issues.

Note: SEM = Standard Error of Measurement

DSM-IV-TR Overview

This section of the report provides the following information for each DSM-IV-TR diagnosis on the Conners CBRS–SR:

1. DSM-IV-TR Symptom scales: *T*-scores
2. DSM-IV-TR Symptom scales: Detailed Scores
3. DSM-IV-TR Total Symptom Counts
4. DSM-IV-TR Symptom Tables
 - Listing of Conners CBRS–SR item(s) that correspond to each DSM-IV-TR Symptom
 - Criterion status of each DSM-IV-TR Symptom (i.e., whether or not the symptom is "indicated," "may be indicated," or "not indicated"). Symptoms marked *indicated* or *may be indicated* are summed to get the Total Symptom Count for that diagnosis. Please refer to specific DSM-IV-TR Symptom tables for each criterion status and for exceptions that may alter the Total Symptom Count. See the *Conners CBRS Manual* for details on how each criterion status is determined.

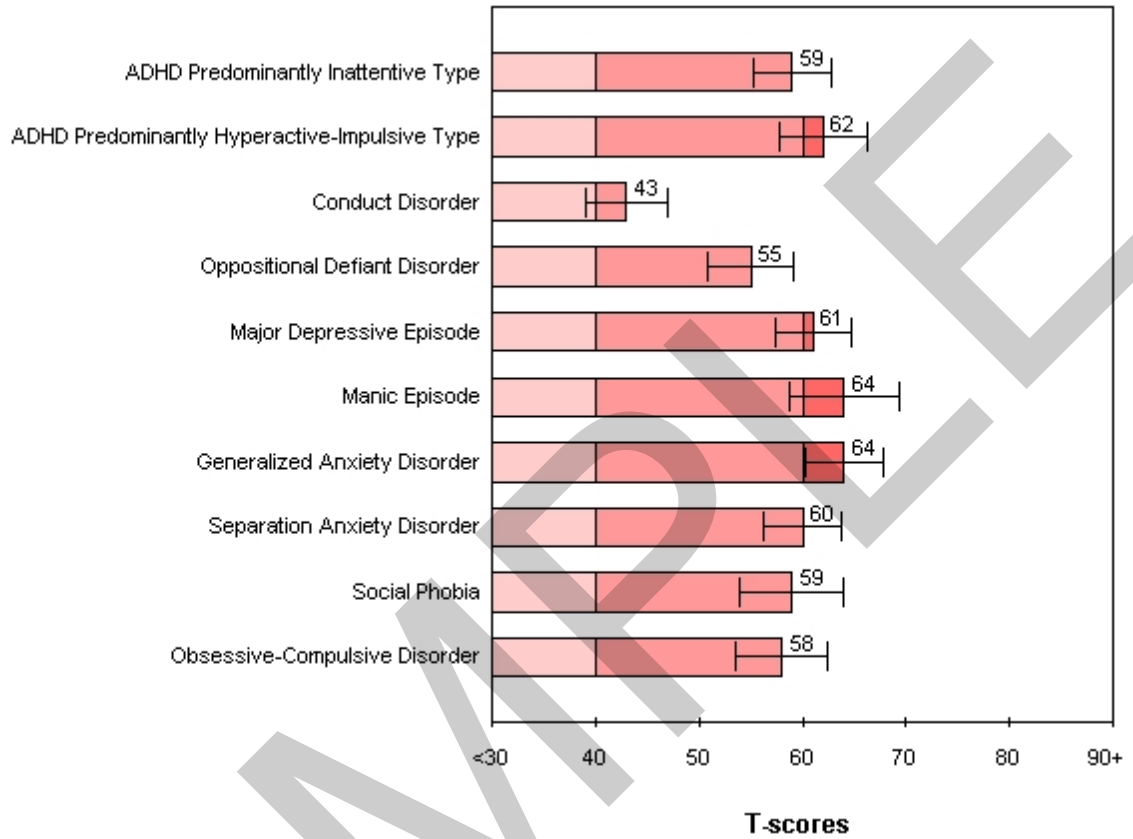
Interpretive Considerations

Results from the Conners CBRS–SR are a useful component of DSM-IV-TR based diagnosis, but cannot be relied upon in isolation. When interpreting the Conners CBRS–SR DSM-IV-TR Symptom scales, the assessor should take the following important considerations into account. Please refer to the *Conners CBRS Manual* for further interpretative guidelines.

- The Conners CBRS–SR contains symptom-level criteria, not full diagnostic criteria for DSM-IV-TR diagnosis. Additional criteria (e.g., course, age of onset, differential diagnosis, level of impairment, pervasiveness) must be met before a DSM-IV-TR diagnosis can be assigned.
- The Conners CBRS–SR items are approximations of the DSM-IV-TR symptoms that are intended to represent the main clinical construct in a format that most youth can understand. As a result, some aspects of the DSM-IV-TR criteria may not be fully represented. Before using any diagnostic labels, the assessor must consider all criteria that are required for DSM-IV-TR diagnosis, including the symptoms from the Conners CBRS–SR.
- The Conners CBRS–SR provides information relevant to the DSM-IV-TR diagnoses from two different perspectives: absolute (Symptom Count) and relative (*T*-score). Results of the DSM-IV-TR Symptom Counts can contribute to consideration of whether a particular DSM-IV-TR diagnosis might be appropriate. A *T*-score for each DSM-IV-TR diagnosis facilitates comparison of this individual's symptoms with his or her peers. At times there may be discrepancies between the Symptom Count and *T*-score for a given diagnosis. This is to be expected, given that they are based on different metrics (i.e., absolute versus relative). The following points provide some concrete guidelines for interpretation of this pair of scores (DSM-IV-TR Symptom Count and *T*-score).
 - Both scores are elevated (i.e., DSM-IV-TR Symptom Count probably met, DSM-IV-TR *T*-score ≥ 60): This diagnosis should be given strong consideration.
 - Both scores are average or below (i.e., DSM-IV-TR Symptom Count probably not met, DSM-IV-TR *T*-score < 60): It is unlikely that the diagnosis is currently present (although criteria may have been met in the past).
 - Only Symptom Count is elevated (i.e., DSM-IV-TR Symptom Count probably met, DSM-IV-TR *T*-score < 60): Although the absolute DSM-IV-TR symptomatic criteria may have been met, the current presentation is not atypical for this age and gender. Consider whether the symptoms are present in excess of developmental expectations (an important requirement of DSM-IV-TR diagnosis).
 - Only *T*-score is elevated (i.e., DSM-IV-TR Symptom Count probably not met, DSM-IV-TR *T*-score ≥ 60): Although the current presentation is atypical for the youth's age and gender, there are not sufficient symptoms reported to meet DSM-IV-TR symptomatic criteria for this disorder. Consider alternative explanations for why the *T*-scores could be elevated in the absence of this diagnosis (e.g., another diagnosis may be producing these types of concerns in that particular setting).

DSM-IV-TR Symptom Scales: T-scores

The following graph provides T-scores for each of the DSM-IV-TR Symptom scales. The error bars on each bar represent Standard Error of Management (SEM) for each DSM-IV-TR Symptom scale score. For more information on SEM, see the *Conners CBRS Manual*.



DSM-IV-TR Symptom Scales: Detailed Scores

The following table summarizes the results of Emily self assessment with respect to the DSM-IV-TR Symptom scales, and provides general information about how she compares to the normative group. Please refer to the *Conners CBRS Manual* for more information on the interpretation of these results. Caution: please note that *T*-score cutoffs are guidelines only and may vary depending on the context of assessment. *T*-scores from 57–63 should be considered borderline and of special note since the assessor must decide (based on other information and knowledge of the youth) whether or not the concerns in the associated area warrant clinical intervention.

Scale	Raw Score	<i>T</i> -score ± SEM (Percentile)	Guideline
ADHD Predominantly Inattentive Type	13	59 ± 3.8 (79)	Average Score (Typical levels of concern)
ADHD Predominantly Hyperactive-Impulsive Type	11	62 ± 4.2 (88)	Elevated Score (More concerns than are typically reported)
Conduct Disorder	0	43 ± 4.0 (26)	Average Score (Typical levels of concern)
Oppositional Defiant Disorder	6	55 ± 4.1 (72)	Average Score (Typical levels of concern)
Major Depressive Episode	11	61 ± 3.7 (91)	Elevated Score (More concerns than are typically reported)
Manic Episode	9	64 ± 5.3 (93)	Elevated Score (More concerns than are typically reported)
Generalized Anxiety Disorder	15	64 ± 3.8 (96)	Elevated Score (More concerns than are typically reported)
Separation Anxiety Disorder	10	60 ± 3.7 (80)	Elevated Score (More concerns than are typically reported)
Social Phobia	6	59 ± 5.0 (83)	Average Score (Typical levels of concern)
Obsessive-Compulsive Disorder	5	58 ± 4.4 (79)	Average Score (Typical levels of concern)

Note: SEM = Standard Error of Measurement

DSM-IV-TR Total Symptom Counts

The following tables summarize the results of the DSM-IV-TR Total Symptom Counts as indicated by the Conners CBRS–SR.

Results from the Conners CBRS–SR suggest that the Symptom Count requirements are *probably met* for the following DSM-IV-TR diagnoses:

Scale	DSM-IV-TR Symptom Count Requirements	Symptom Count as indicated by Conners CBRS–SR
Separation Anxiety Disorder	At least 3 out of 8 symptoms	5

Results from the Conners CBRS–SR suggest that the Symptom Count requirements are *probably not met* for the following DSM-IV-TR diagnoses:

Scale	DSM-IV-TR Symptom Count Requirements	Symptom Count as indicated by Conners CBRS–SR
ADHD Predominantly Inattentive Type (ADHD In)	At least 6 out of 9 symptoms	2
ADHD Predominantly Hyperactive-Impulsive Type (ADHD Hyp-Imp)	At least 6 out of 9 symptoms	2
ADHD Combined Type	Criteria must be met for both ADHD In and ADHD Hyp-Imp	ADHD In: 2 ADHD Hyp-Imp: 2
Conduct Disorder [†]	At least 3 out of 15 symptoms	0
Oppositional Defiant Disorder	At least 4 out of 8 symptoms	1
Major Depressive Episode	At least 5 out of 9 symptoms including A1 or A2	1 (A1: not included; A2: not included)
Manic Episode	Criterion A Elevated Mood and at least 3 out of 7 Criterion B symptoms -or- Criterion A Irritable Mood and at least 4 out of 7 Criterion B symptoms	Criterion A: Elevated mood or Irritable mood Not Indicated Criterion B: 2
Mixed Episode	Criteria must be met for both Major Depressive Episode and Manic Episode	Major Depressive Episode: 1 (A1: not included; A2: not included) Manic Episode: Criterion A: Elevated mood or Irritable mood Not Indicated Criterion B: 2
Generalized Anxiety Disorder [†]	Criteria A and B; At least 1 out of 6 Criterion C symptoms	Criterion A: Not Indicated Criterion B: Not Indicated Criterion C: 2
Social Phobia	Criteria A, B, and D (Note: Criterion C is not required for children)	Criterion A: May be Indicated Criterion B: Not Indicated Criterion C: Not Indicated Criterion D: Not Indicated
Obsessive-Compulsive Disorder	All 4 Obsessions symptoms -or- Both Compulsions symptoms	Obsessions: 0 Compulsions: 0

[†]The Conners CBRS–SR Symptom Count for Generalized Anxiety Disorder is based on the criteria for children.

[‡]The Conners CBRS–SR does not assess Criterion A7 (i.e., forced sexual activity) due to the sensitive nature of this criterion.

DSM-IV-TR Symptom Tables

This section of the report provides information about how Emily rated items that correspond to the DSM-IV-TR. Please see the DSM-IV-TR Overview section for important information regarding appropriate use of DSM-IV-TR Symptom Counts.

The following response key applies to all of the tables in this section.

Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

DSM-IV-TR ADHD Predominantly Inattentive Type

DSM-IV-TR Symptoms: Criterion A	Item Number	Rating					Criterion Status
		0	1	2	3	?	
A1a.	81 -or- 37		✓		✓		May be Indicated
A1b.	101			✓			Indicated
A1c.	9		✓				Not Indicated
A1d.	129 -and- 103		✓ ✓				Not Indicated
A1e.	32		✓				Not Indicated
A1f.	28		✓				Not Indicated
A1g.	116		✓				Not Indicated
A1h.	65		✓				Not Indicated
A1i.	154		✓				Not Indicated

DSM-IV-TR ADHD Predominantly Hyperactive-Impulsive Type

DSM-IV-TR Symptoms: Criterion A	Item Number	Rating					Criterion Status
		0	1	2	3	?	
Hyperactivity							
A2a.	51		✓				Not Indicated
A2b.	110		✓				Not Indicated
A2c.	114 -or- 86		✓			✓	Indicated ¹¹
A2d.	82			✓			Not Indicated
A2e.	29 -or- 71		✓			✓	Indicated
A2f.	76			✓			Not Indicated
Impulsivity							
A2g.	25			✓			Not Indicated
A2h.	99			✓			Not Indicated
A2i.	17			✓			Not Indicated

¹¹Criterion A2c states that in adolescents, overactivity may be experienced as subjective feelings of restlessness. Follow-up is recommended to ensure Criterion A2c has been met for younger children.

DSM-IV-TR ADHD Combined Type

An ADHD Combined Type diagnosis requires the examination of symptoms for ADHD Predominantly Inattentive Type and for ADHD Predominantly Hyperactive-Impulsive Type. See the ADHD Predominantly Inattentive Type and ADHD Predominantly Hyperactive-Impulsive Type symptom tables above. Please also see the DSM-IV-TR or the *Conners CBRS Manual* for additional guidance.

DSM-IV-TR Conduct Disorder

DSM-IV-TR Symptoms: Criterion A	Item Number	Rating					Criterion Status
		0	1	2	3	?	
A1.	6	✓					Not Indicated
A2.	85	✓					Not Indicated
A3.	170	✓					Not Indicated
A4.	144	✓					Not Indicated
A5.	112	✓					Not Indicated
A6.	60	✓					Not Indicated
A8.	62	✓					Not Indicated
A9.	48	✓					Not Indicated
A10.	87	✓					Not Indicated
A11.	96	✓					Not Indicated
A12.	43	✓					Not Indicated
A13.	162	✓					Not Indicated
A14	64	✓					Not Indicated
A15.	67	✓					Not Indicated

Note: The Conners CBRS–SR does not assess Criterion A7 (i.e., forced sexual activity) due to the sensitive nature of this criterion.

DSM-IV-TR Oppositional Defiant Disorder

DSM-IV-TR Symptoms: Criterion A	Item Number	Rating					Criterion Status
		0	1	2	3	?	
A1.	58		✓				Not Indicated
A2.	117	✓					Not Indicated
A3.	33R		✓				May be Indicated
A4.	134	✓					Not Indicated
A5.	88	✓					Not Indicated
A6.	148		✓				Not Indicated
A7.	143		✓				Not Indicated
A8.	20		✓				Not Indicated

R = This item is reverse scored for score calculations.

DSM-IV-TR Major Depressive Episode

DSM-IV-TR Symptoms: Criterion A	Item Number	Rating					Criterion Status
		0	1	2	3	?	
A1.	115	✓					Not Indicated
A2.	93		✓				Not Indicated
A3.	8	✓					Not Indicated ¹
A4.	125		✓				Not Indicated
	-or- 70		✓				
	-or- 158		✓				
	-or- 1	✓					
A5.	86 -or- 26	✓			✓		Indicated
A6.	137		✓				Not Indicated
A7.	118 -or- 135	✓	✓				Not Indicated
A8.	12 -or- 147		✓				Not Indicated
A9.	146	✓					Not Indicated

¹Emily does not report a change in weight or appetite (Criterion A3). Follow-up is recommended to examine possible failure to make expected weight gains.

Notes:

When considering DSM-IV-TR symptom criteria for Major Depressive Episode, the assessor needs to ensure the youth experiences these symptoms nearly every day.

Presence of absence of a Major Depressive Episode is one important component of DSM-IV-TR diagnoses such as Major Depressive Disorder, Bipolar Disorder I, or Bipolar Disorder II. Please see the DSM-IV-TR for further guidance regarding these diagnoses.

DSM-IV-TR Manic Episode

DSM-IV-TR Symptoms: Criteria A and B	Item Number	Rating					Criterion Status
		0	1	2	3	?	
A: Elevated or Irritable Mood	89	✓					Not Indicated ¹
B1.	171	✓					Not Indicated
B2.	108		✓				Not Indicated
B3.	63		✓				Not Indicated
B4.	27		✓				Not Indicated
B5.	126			✓			May be Indicated
B6.	149 -or- 86		✓			✓	Indicated
B7.	166	✓					Not Indicated

¹Although Criterion A was not indicated, follow-up is required to determine whether the youth ever required hospitalization due to persistent elevated, expansive, or irritable mood. If hospitalization was necessary, the DSM-IV-TR does not require that the symptoms last for 1 week.

Note: Presence or absence of a Manic Episode is one important component of DSM-IV-TR diagnoses such as Bipolar I Disorder. Please see the DSM-IV-TR for further guidance regarding this diagnosis.

DSM-IV-TR Mixed Episode

Identifying a Mixed Episode requires the examination of symptoms for both Major Depressive Episode and Manic Episode. Please see the Major Depressive Episode and Manic Episode symptom tables above. Please also see the DSM-IV-TR for additional guidance.

DSM-IV-TR Generalized Anxiety Disorder

DSM-IV-TR Symptoms: Criteria A, B and C	Item Number	Rating					Criterion Status
		0	1	2	3	?	
A.	78		✓				Not Indicated
B.	38		✓				Not Indicated
C1.	3 -or- 86		✓			✓	Indicated
C2.	137 -or- 35		✓		✓		Indicated
C3.	113		✓				Not Indicated
C4.	142		✓				Not Indicated
C5.	13		✓				Not Indicated
C6.	10 -or- 1 -or- 70 -or- 158	✓	✓				Not Indicated

DSM-IV-TR Separation Anxiety Disorder

DSM-IV-TR Symptoms: Criterion A	Item Number	Rating					Criterion Status
		0	1	2	3	?	
A1.	61		✓				Not Indicated
A2.	24				✓		Indicated
A3.	145		✓				Not Indicated
A4.	151		✓				May be Indicated
A5.	14 -or- 140	✓	✓				Not Indicated
A6.	127		✓				May be Indicated
A7.	49		✓				May be Indicated
A8.	52		✓				May be Indicated

DSM-IV-TR Social Phobia

DSM-IV-TR Symptoms: Criteria A, B, C and D	Item Number	Rating					Criterion Status
		0	1	2	3	?	
A.	44 -and- 23R			✓			May be Indicated
				✓			
B.	46		✓				Not Indicated
C.	5		✓				Not Indicated
D.	74 -or- 84		✓				Not Indicated
			✓				

R = This item is reverse scored for score calculations.

Note: Criterion C (i.e., insight) is not required for children.

DSM-IV-TR Obsessive-Compulsive Disorder

DSM-IV-TR Symptoms: Criterion A Criteria A, B, C and D	Item Number	Rating					Criterion Status
		0	1	2	3	?	
Obsessions							
A1.	94		✓				Not Indicated
A2.	2		✓				Not Indicated
A3.	22		✓				Not Indicated
A4.	31		✓				Not Indicated
Compulsions							
A5.	54		✓				Not Indicated
A6.	119	✓					Not Indicated

Impairment

Emily’s report of her level of impairment in academic, social, and home settings is presented below.

	Not true at all/never	Just a little true/occasionally	Pretty much true/often	Very much true/very often
Academic	██████████	██████████	██████████	██████████
Social	██████████	██████████	██████████	██████████
Home	██████████	██████████	██████████	██████████

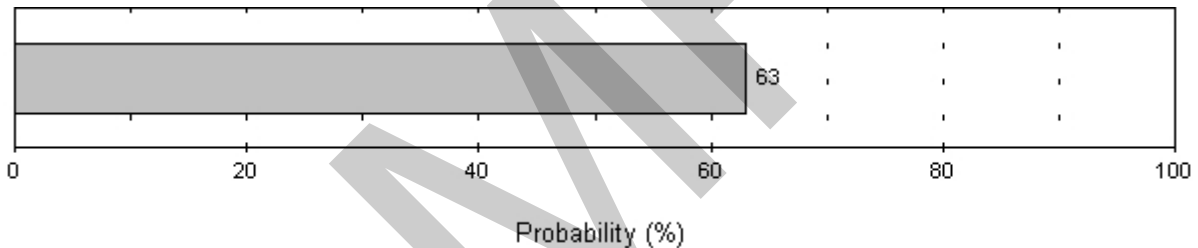
Emily indicated that her problems seriously affect her schoolwork or grades never (score of 0).

Emily indicated that her problems seriously affect her friendships and relationships never (score of 0).

Emily indicated that her problems seriously affect her home life occasionally (score of 1).

Conners Clinical Index





The following graph presents the Conners Clinical Index score that was calculated from Emily's ratings. The Conners Clinical Index score is calculated from 24 items that were statistically selected as the best items for distinguishing youth with a clinical diagnosis (including Disruptive Behavior Disorders, Learning and Language Disorders, Mood Disorders, Anxiety Disorders, and ADHD) from youth in the general population.



Among clinical and general population cases, individuals with a clinical diagnosis obtained this score 63% of the time. Based on this metric, a clinical classification is indicated, but other clinically relevant information should also be carefully considered in the assessment process. Please see the *Conners CBRS Manual* for further information about interpretation.

Other Clinical Indicators

The following table displays the results from Emily’s ratings of her behavior with regard to specific items that are related to other clinical concerns or diagnoses. Endorsement of these items may indicate the need for further investigation.

Item Number	Item Content	Rating					Recommendation
		0	1	2	3	?	
6	Bullying Perpetration	✓					No need for further investigation is indicated
73	Bullying Victimization	✓					No need for further investigation is indicated
109 138 150	Panic Attack: dizziness Panic Attack: feels sick Panic Attack: shortness of breath	✓ ✓	✓				 Further investigation is recommended
90R 152 160R	PDD: inflexibility PDD: problems with peer relations PDD: social or emotional reciprocity		✓		✓		No need for further investigation is indicated
98	Pica	✓					No need for further investigation is indicated
55 139	PTSD: traumatic event involving self PTSD: traumatic event involving others		✓ ✓				 Further investigation is recommended
59	Specific Phobia	✓					No need for further investigation is indicated
168	Substance Use: alcohol	✓					No need for further investigation is indicated
68	Substance Use: illicit drugs	✓					No need for further investigation is indicated
141	Substance Use: inhalants	✓					No need for further investigation is indicated
105	Substance Use: tobacco	✓					No need for further investigation is indicated
95	Tics: motor		✓				 Further investigation is recommended
21	Tics: vocal		✓				 Further investigation is recommended
124	Trichotillomania	✓					No need for further investigation is indicated

Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

R = This item is reverse scored for score calculations.

Self-Harm Critical Items


The following table displays Emily’s ratings of her behavior with regard to several Self-Harm Critical Items. Endorsement of any Critical item indicates the need for immediate follow-up.

Item Number	Item Content	Rating					Recommendation
		0	1	2	3	?	
146	Self-Harm	✓					No need for further investigation is indicated
167	Discouraged	✓					No need for further investigation is indicated
97	Nobody cares	✓					No need for further investigation is indicated
72	Helplessness	✓					No need for further investigation is indicated
16	Hopelessness	✓					No need for further investigation is indicated
135	Worthlessness	✓					No need for further investigation is indicated

Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

Severe Conduct Critical Items

The following table displays Emily’s ratings of her behavior with regard to several Severe Conduct Critical Items. Endorsement of any Critical item indicates the need for immediate follow-up.

Item Number	Item Content	Rating					Recommendation
		0	1	2	3	?	
170	Uses a weapon	✓					No need for further investigation is indicated
56	Carries a weapon	✓					No need for further investigation is indicated
36	Knows where to get a weapon		✓				 Requires immediate attention
112	Cruel to animals	✓					No need for further investigation is indicated
60	Confrontational stealing	✓					No need for further investigation is indicated
62	Fire setting	✓					No need for further investigation is indicated
87	Breaking and entering	✓					No need for further investigation is indicated
136	Gang membership	✓					No need for further investigation is indicated

Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

Additional Questions

The following section displays additional comments that Emily has about herself.

Item Number	Item Content	Rating
178	Additional problems	This item was omitted.
179	Strengths or skills	Math, soccer, running, and being an athlete.

Conners CBRS–SR Results and IDEA

The Conners CBRS–SR provides information that may be useful to consider when determining whether a student is eligible for special education and related services under current U.S. federal statutes, such as the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004).

Elevated scores on the Conners CBRS–SR may indicate the need for special education and related services. The following table summarizes areas of IDEA 2004 eligibility that are typically listed for children and adolescents who have elevated scores on various portions of the Conners CBRS–SR. Checkmarks indicate which areas of the Conners CBRS–SR were indicated or endorsed, suggesting possible consideration of IDEA 2004 eligibility in related areas. The information in this table is based on the IDEA 2004 and general interpretation/application of this federal law. Specific state and local education agencies may have specific requirements that supersede these recommendations. The assessor is encouraged to consult local policies that may impact decision making. Remember that elevated scores or even a diagnosis is not sufficient justification for IDEA 2004 eligibility. Finally, keep in mind that the IDEA 2004 clearly indicates that categorization is not required for provision of services. Please see the *Conners CBRS Manual* for further discussion of the IDEA 2004 and its relation to the Conners CBRS–SR content.

Content Areas	Follow-up Recommended	Possible IDEA Eligibility Category
Conners CBRS–SR Content Scales		
Emotional Distress	✓	DD-Emotional, ED
Aggressive Behaviors		DD-Emotional, ED
Academic Difficulties	✓	DD-Communication, LD, S/L
Hyperactivity/Impulsivity	✓	DD-Emotional, ED, OHI
Separation Fears		DD-Emotional, ED
Violence Potential		DD-Emotional, ED
Physical Symptoms		DD-Emotional, ED, OHI
DSM-IV-TR Symptom Scales		
ADHD Predominantly Inattentive Type		ED, LD, OHI
ADHD Predominantly Hyperactive-Impulsive Type	✓	ED, OHI
ADHD Combined Type		ED, LD, OHI
Conduct Disorder		ED
Oppositional Defiant Disorder		ED
Major Depressive Episode	✓	ED
Manic Episode	✓	ED
Mixed Episode	✓	ED
Generalized Anxiety Disorder	✓	ED
Separation Anxiety Disorder	✓	ED
Social Phobia		ED
Obsessive-Compulsive Disorder		Autism, ED

DD = Developmental Delay, ED = Emotional Disturbance, LD = Specific Learning Disability; OHI = Other Health Impairment; S/L = Speech or Language Impairment

Note: The category of Developmental Delay applies only to children through age 9 years.

Content Areas	Follow-up Recommended	Possible IDEA Eligibility Category
Other Clinical Indicators		
Bullying Perpetration		DD-Emotional, DD-Social, ED
Bullying Victimization		DD-Emotional, DD-Social, ED
Panic Attack	✓	ED
Pervasive Developmental Disorder		Autism
Pica		Autism, ED, OHI
Posttraumatic Stress Disorder	✓	ED
Specific Phobia		ED
Substance Use		ED
Tics	✓	OHI
Trichotillomania		ED
Critical Items		
Self-Harm		DD-Emotional, ED
Severe Conduct	✓	ED

DD = Developmental Delay, ED = Emotional Disturbance, LD = Specific Learning Disability; OHI = Other Health Impairment; S/L = Speech or Language Impairment

Note: The category of Developmental Delay applies only to children through age 9 years.

Item Responses

Emily entered the following response values for the items on the Conners CBRS–SR.

Item	Rating	Item	Rating	Item	Rating	Item	Rating	Item	Rating	Item	Rating
1.	0	35.	2	69.	1	103.	1	137.	1	171.	0
2.	1	36.	1	70.	1	104.	1	138.	0	172.	0
3.	1	37.	2	71.	3	105.	0	139.	1	173.	2
4.	0	38.	1	72.	0	106.	1	140.	0	174.	1
5.	1	39.	1	73.	0	107.	3	141.	0	175.	0
6.	0	40.	0	74.	1	108.	1	142.	1	176.	0
7.	1	41.	1	75.	0	109.	0	143.	1	177.	1
8.	0	42.	2	76.	1	110.	0	144.	0		
9.	1	43.	0	77.	0	111.	1	145.	1		
10.	1	44.	2	78.	1	112.	0	146.	0		
11.	0	45.	1	79.	0	113.	1	147.	1		
12.	1	46.	1	80.	1	114.	0	148.	1		
13.	1	47.	1	81.	1	115.	0	149.	1		
14.	1	48.	0	82.	1	116.	1	150.	1		
15.	1	49.	1	83.	2	117.	0	151.	1		
16.	0	50.	0	84.	1	118.	1	152.	1		
17.	1	51.	0	85.	0	119.	0	153.	3		
18.	1	52.	1	86.	3	120.	0	154.	1		
19.	2	53.	2	87.	0	121.	1	155.	0		
20.	1	54.	1	88.	0	122.	1	156.	1		
21.	1	55.	1	89.	0	123.	3	157.	0		
22.	1	56.	0	90.	3	124.	0	158.	1		
23.	2	57.	1	91.	2	125.	1	159.	1		
24.	3	58.	1	92.	0	126.	2	160.	3		
25.	1	59.	0	93.	1	127.	1	161.	1		
26.	0	60.	0	94.	1	128.	1	162.	0		
27.	1	61.	1	95.	1	129.	1	163.	3		
28.	1	62.	0	96.	0	130.	0	164.	0		
29.	0	63.	1	97.	0	131.	1	165.	0		
30.	1	64.	0	98.	0	132.	3	166.	0		
31.	1	65.	1	99.	1	133.	2	167.	0		
32.	1	66.	1	100.	1	134.	0	168.	0		
33.	1	67.	0	101.	2	135.	0	169.	2		
34.	3	68.	0	102.	2	136.	0	170.	0		

Response key:

0 = In the past month, this was **not true at all**. It never (or seldom) happened.

1 = In the past month, this was **just a little true**. It happened occasionally.

2 = In the past month, this was **pretty much true**. It happened often (or quite a bit).

3 = In the past month, this was **very much true**. It happened very often (very frequently).

? = Omitted Item

Date printed: March 20, 2008

End of Report

Conners Comprehensive Behavior Rating Scales

Feedback Handout for Self-Report Ratings

Child's Name: Emily
Child's Age: 11
Date of Assessment: October 23, 2007
Assessor's Name:

This feedback handout explains scores from ratings of this youth's behaviors and feelings as assessed by the Conners CBRS–Self-Report Form (Conners CBRS–SR). This section of the report may be given to parents (caregivers) or to a third party upon parental consent.

What is the Conners CBRS?

The Conners CBRS is a set of rating scales that are used to gather information about the behaviors and feelings of children and adolescents. These rating scales can be completed by parents, teachers, and youth. The Conners forms were developed by Dr. Conners, an expert in child and adolescent behavior, and are used all over the world to assess youth from many cultures. Research has shown that the Conners scales are reliable and valid, which means that you can trust the scores that are produced by the youth's ratings.

Why do youth complete the Conners CBRS?

Information from the youth about his or her own behavior and feelings is extremely important, as the youth knows how he or she feels better than anyone else. Self-reports provide invaluable information about the youth's own perceptions, feelings, and attitudes about his or her behavior that parents and teachers may not be aware of. Unlike parent and teacher ratings which provide information about either home or school settings, youth are able to give information about their feelings and behaviors across settings and situations. They know how they feel and behave all of the time.

The most common reason for using the Conners CBRS scales is to better understand a youth who is having difficulty, and to determine how to help. The Conners CBRS scales can also be used to make sure that treatment services are helping, or to see if the youth is improving. Sometimes the Conners CBRS scales are used for a routine check, even if there is no reason to suspect the youth is struggling with a problem. If you are not sure why the youth was asked to complete the Conners CBRS, please ask the assessor listed at the top of this feedback form.

How does the Conners CBRS work?

Emily read 179 items, and decided how well each statement described herself, or how often each behavior happened in the past month ("not at all/never," "just a little true/occasionally," "pretty much true/often," or "very much true/very frequently"). Emily's responses to these 179 statements were combined into several groups of items. Each group of items describes a certain type of behavior (for example, problems with mood or anxiety). Emily's responses were compared with what is expected for 11-year-old girls. The scores for each group of items show how similar Emily is to her peers. This information helps the assessor know if Emily is having more difficulty in a certain area than other 11-year-old girls.

Results from the Conners CBRS–Self Form

The assessor who asked Emily to complete the Conners CBRS will help explain these results and answer any questions you might have. Remember, these scores were calculated from how Emily described herself in the past month. The self-report ratings help the assessor know how Emily acts at home, school, and in the community. The results from the self-report ratings on the Conners CBRS should be combined with other important information, such as interviews with Emily and her parent, other test results, and observations of Emily. All of the combined information is used to determine if Emily needs help in a certain area and what kind of help is needed.

As you go through the results, it is very helpful to share any additional insights that you might have, make notes, and freely discuss the results with the assessor. If the scores do not make sense to you, you should let the assessor know so that you can discuss other possible explanations.

Emily’s responses to the 179 items were combined into groups of possible problem areas. The following table lists the main topic areas covered by the Conners CBRS–Self-Report form. These scores were compared with other 11-year-old girls. This gives you information about whether Emily described typical or average levels of concern (that is, “not an area of concern”) or if she described “more concerns than average” for 11-year-old girls. The table also gives you a short description of the types of difficulties that are included in each possible problem area. Emily may not show *all* of the problems in an area; it is possible to have “more concerns than average” even if only *some* of the problems are happening. Also, it is possible that Emily may describe typical or average levels of concern even when she is showing *some* of the problems in an area.

It is important to discuss these results with the assessor listed at the top of this feedback handout. This feedback handout describes results only from the Conners CBRS Self-Report form. A checkmark in the “more concerns than average” box does not necessarily mean that Emily has a serious problem and is in need of treatment. Conners CBRS results must be combined with information from other sources and be confirmed by a qualified clinician before a conclusion is made that an actual problem exists.

Academic Difficulties

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Struggles with reading, writing, spelling, and/or math; difficulty keeping up in school.

Inattention

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Problems with concentration, attention to details, or staying focused; needs reminders; poor organizational skills and/or listening skills; difficulty remembering.

Hyperactivity/Impulsivity

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	High activity levels; restless; difficulty being quiet; poor impulse control (interrupts others, difficulty waiting for his/her turn).

Oppositional and Aggressive Behavior

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Physical/verbal aggression; violent/destructive behaviors; poor anger control; bullying, argumentative.
✓		Behaviors that suggest he/she may be violent in the future, if not already violent.
✓		Aggression; cruelty; destruction of property; deceitfulness; theft; serious rule-breaking behaviors.
✓		Oppositional, hostile, defiant behaviors.

Problems with Mood

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Symptoms of depression
	✓	Mood swings; very high opinion of self; pleasure-seeking behaviors.

Problems with Anxiety

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Extreme worries that are difficult to control, physical signs of anxiety.
	✓	Extreme worries about being separated from his/her family/caregivers; refusal to leave home, nightmares, physical signs of anxiety.
✓		Anxiety about social situations; worries about embarrassment; avoids doing things in front of other people.
✓		Thinks about certain things repetitively; even though they are upsetting; does certain behaviors repetitively.

Emotional Distress

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Worrying; nervous; low self-confidence; symptoms of depression and/or physical complaints; gets “stuck” on certain ideas or behaviors.

Physical Symptoms

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Complains about aches, pains, or feeling sick; sleep, appetite, or weight issues.

Validity

Information about the validity of the Conners CBRS results should be considered when the assessor reviews the results with you.

Additional Topics for Discussion

In addition to the results described above, some of Emily’s responses on the Conners CBRS suggest it is important to consider the following topics in further evaluation. Please ask the assessor listed at the top of this form to discuss these areas with you.

- Symptoms of panic
- Exposure to a traumatic event
- Tics
- Behaviors associated with extreme misbehavior
- Features in common with youth who have a clinical diagnosis

When asked to rate whether the problems described on the Conners CBRS Self-Report Form affected Emily's functioning, she responded:

Emily indicated that her problems never seriously affect her schoolwork or grades.

Emily indicated that her problems never seriously affect her friendships and relationships.

Emily indicated that her problems occasionally seriously affect her home life.

SAMPLE

