CONNERS
Comprehensive Behavior Rating Scales™

By C. Keith Conners, Ph.D.

Conners CBRS–Self-Report
Assessment Report

Name/ID:	**Danielle**
Age:	19 years
Gender:	Female
Birth Date:	January 13, 1988
Grade:	
Administration Date:	January 05, 2008
Assessor Name:	Allen
Data Entered By:	14/6/08
Normative Option:	Gender-specific norms
Report Options:	Standard report options are being used for this report (these options are designed for the typical user and are recommended for most applications).
	Optional Assessment report features are available: Standard Error of Measurement, Percentiles, and Item Responses by Scale.

Caution: The youth's reported age is out of the recommended age range (6–18 years). *T*-scores were computed based on 17–18-year-old age norms; consequently, results presented in this report could be invalid. Any interpretation based on this report should be made with extreme caution.

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.

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 Danielle'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 = 2 (Probably valid)
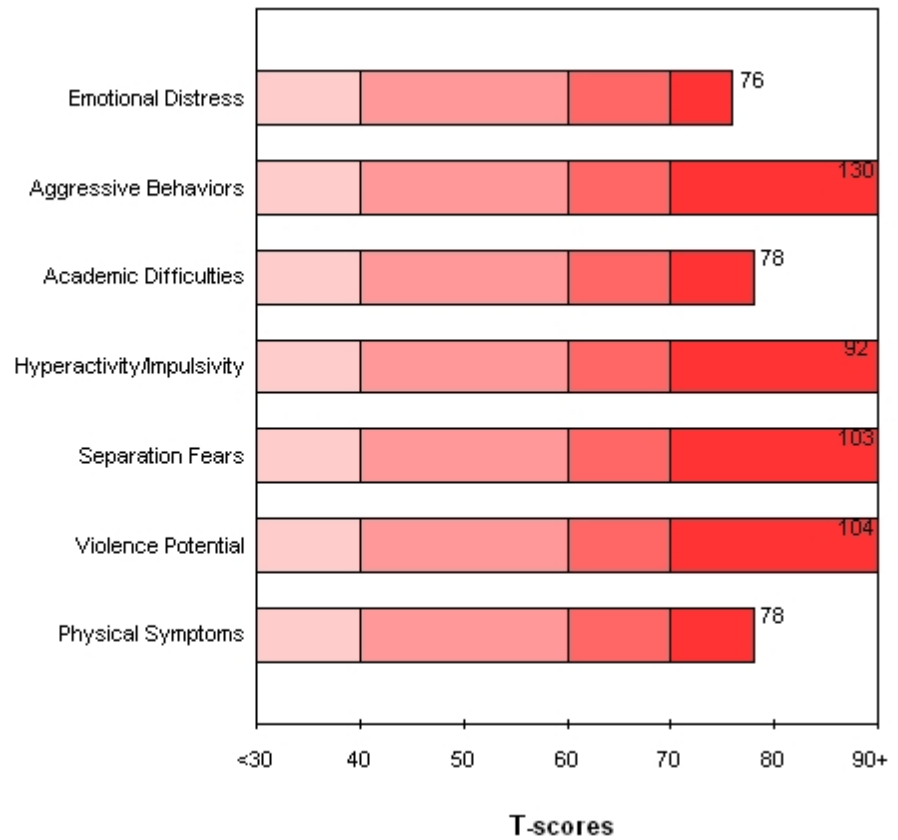The Negative Impression score does not suggest an overly negative response style.

Inconsistency Index

Raw score = 10, Number of absolute differences ≥ 2 = 3   (Probably invalid)
The responses to similar items are quite different from one another. Inconsistent responding may produce invalid scores. Interpretation should focus on understanding the reasons for differences in responses to similar items.

Conners CBRS–SR Content Scales: *T*-scores

The following graph provides *T*-scores for each of the Conners CBRS–SR Content scales and subscales.

Scale	T-score
Emotional Distress	76
Aggressive Behaviors	130
Academic Difficulties	78
Hyperactivity/Impulsivity	92
Separation Fears	103
Violence Potential	104
Physical Symptoms	78

T-scores: <30, 40, 50, 60, 70, 80, 90+

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Conners CBRS–SR Content Scales: Detailed Scores

The following table summarizes the results of Danielle'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	Guideline	Common Characteristics of High Scorers
Emotional Distress	77	76	Very Elevated Score (Many 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	67	130	Very Elevated Score (Many more concerns than are typically reported)	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	25	78	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	24	92	Very Elevated Score (Many 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	17	103	Very Elevated Score (Many more concerns than are typically reported)	Fears being separated from parents/caregivers.
Violence Potential	58	104	Very Elevated Score (Many more concerns than are typically reported)	At risk for acting violently.
Physical Symptoms	24*	78	Very Elevated Score (Many more concerns than are typically reported)	May complain about aches, pains, or feeling sick. May have sleeping or eating issues.

*Raw score(s) are based on extrapolated data due to omitted item(s).

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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).

  - <u>Both scores are elevated</u> (i.e., DSM-IV-TR Symptom Count probably met, DSM-IV-TR *T*-score $\geq$ 60): This diagnosis should be given strong consideration.
  - <u>Both scores are average or below</u> (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).
  - <u>Only Symptom Count is elevated</u> (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).
  - <u>Only *T*-score is elevated</u> (i.e., DSM-IV-TR Symptom Count probably not met, DSM-IV-TR *T*-score $\geq$ 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).

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DSM-IV-TR Symptom Scales: *T*-scores

The following graph provides *T*-scores for each of the DSM-IV-TR Symptom scales.
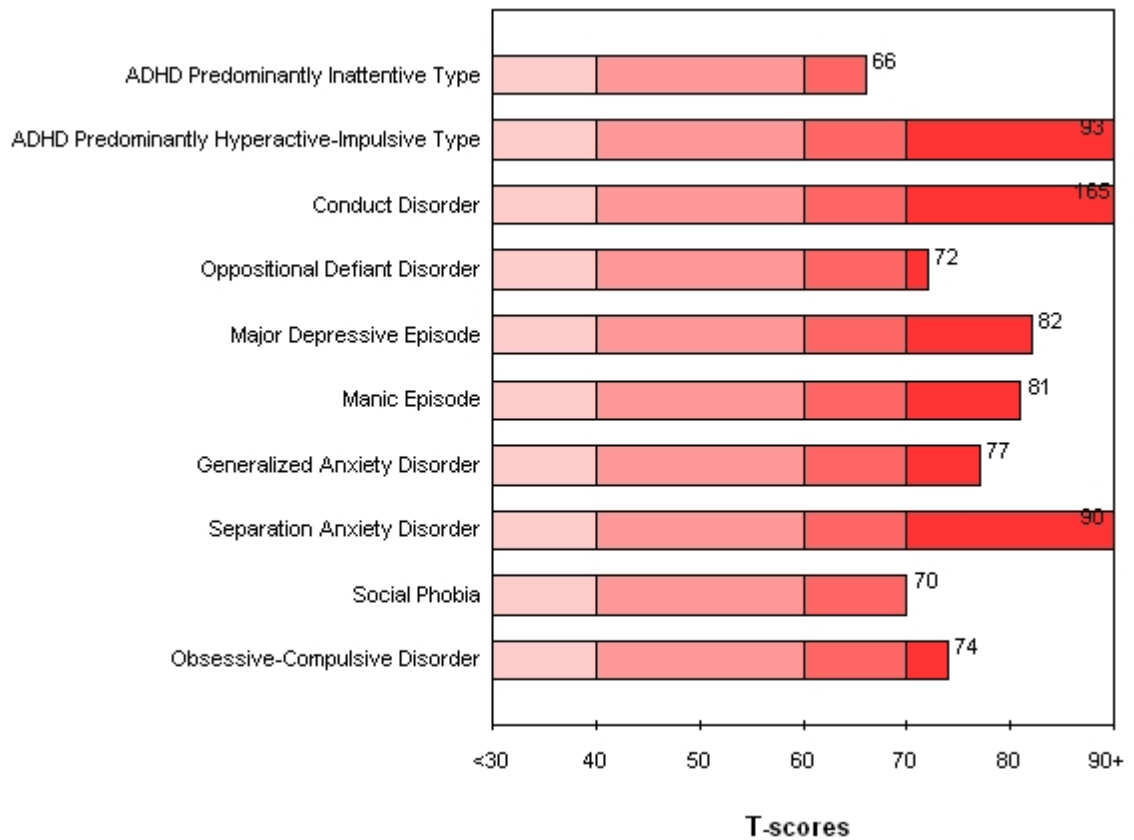
DSM-IV-TR Symptom Scales: Detailed Scores

The following table summarizes the results of Danielle 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	*T*-score	Guideline
ADHD Predominantly Inattentive Type	18	66	Elevated Score (More concerns than are typically reported)
ADHD Predominantly Hyperactive-Impulsive Type	24	93	Very Elevated Score (Many more concerns than are typically reported)
Conduct Disorder	33	165	Very Elevated Score (Many more concerns than are typically reported)
Oppositional Defiant Disorder	15	72	Very Elevated Score (Many more concerns than are typically reported)
Major Depressive Episode	30*	82	Very Elevated Score (Many more concerns than are typically reported)
Manic Episode	18	81	Very Elevated Score (Many more concerns than are typically reported)
Generalized Anxiety Disorder	29	77	Very Elevated Score (Many more concerns than are typically reported)
Separation Anxiety Disorder	20	90	Very Elevated Score (Many more concerns than are typically reported)
Social Phobia	10	70	Very Elevated Score (Many more concerns than are typically reported)
Obsessive-Compulsive Disorder	12	74	Very Elevated Score (Many more concerns than are typically reported)

*Raw score(s) are based on extrapolated data due to omitted item(s).

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
ADHD Predominantly Hyperactive-Impulsive Type (ADHD Hyp-Imp)	At least 6 out of 9 symptoms	8
Conduct Disorder‡	At least 3 out of 15 symptoms	14
Oppositional Defiant Disorder	At least 4 out of 8 symptoms	5
Major Depressive Episode§	At least 5 out of 9 symptoms including A1 or A2	7 (A1: 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 Indicated Criterion B: 5
Mixed Episode§	Criteria must be met for both Major Depressive Episode and Manic Episode	Major Depressive Episode: 7 (A1: included; A2: not included) Manic Episode: Criterion A: Elevated mood or Irritable mood Indicated Criterion B: 5
Generalized Anxiety Disorder†	Criteria A and B; At least 1 out of 6 Criterion C symptoms	Criterion A: Indicated Criterion B: Indicated Criterion C: 6
Separation Anxiety Disorder	At least 3 out of 8 symptoms	7
Obsessive-Compulsive Disorder	All 4 Obsessions symptoms -or- Both Compulsions symptoms	Obsessions: 4 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.

§At least one item was omitted from this scale.

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	5
ADHD Combined Type	Criteria must be met for both ADHD In and ADHD Hyp-Imp	ADHD In: 5 ADHD Hyp-Imp: 8
Social Phobia	Criteria A, B, and D (Note: Criterion C is not required for children)	Criterion A: Not Indicated Criterion B: May be Indicated Criterion C: Indicated Criterion D: Indicated

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DSM-IV-TR Symptom Tables

This section of the report provides information about how Danielle 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	0	1	2	3	?	Criterion Status
A1a.	81 -or- 37		✓ (37)	✓ (81)			**Indicated**
A1b.	101		✓				Not Indicated
A1c.	9		✓				Not Indicated
A1d.	129 -and- 103			✓ ✓			**Indicated**
A1e.	32				✓		**Indicated**
A1f.	28			✓			May be Indicated
A1g.	116			✓			**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	0	1	2	3	?	Criterion Status
Hyperactivity							
A2a.	51			✓			May be Indicated
A2b.	110			✓			**Indicated**
A2c.	114 -or- 86		✓ (86)	✓ (114)			**Indicated**
A2d.	82				✓		**Indicated**
A2e.	29 -or- 71			✓ (29)	✓ (71)		**Indicated**
A2f.	76				✓		**Indicated**
Impulsivity							
A2g.	25		✓				Not Indicated
A2h.	99				✓		**Indicated**
A2i.	17			✓			**Indicated**

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.

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DSM-IV-TR Conduct Disorder

DSM-IV-TR Symptoms: Criterion A	Item Number	0	1	2	3	?	Criterion Status
A1.	6			✓			**Indicated**
A2.	85			✓			**Indicated**
A3.	170				✓		**Indicated**
A4.	144				✓		**Indicated**
A5.	112			✓			**Indicated**
A6.	60				✓		**Indicated**
A8.	62				✓		**Indicated[1]**
A9.	48				✓		**Indicated[1]**
A10.	87		✓				**Indicated**
A11.	96				✓		**Indicated**
A12.	43		✓				**Indicated**
A13.	162				✓		**Indicated[2]**
A14	64			✓			**Indicated**
A15.	67			✓			**Indicated[3]**

[1]Both Criterion A8 (fire setting) and Criterion A9 (destruction of property) were indicated. In order to meet Criterion A9, the assessor must confirm that property was destroyed other than by fire-setting (Criterion A8).

[2]In order for Criterion A13 (stays out at night) to be indicated the assessor needs to ensure this criterion occurred before the age of 13 years.

[3]In order for Criterion A15 (truancy) to be indicated the assessor needs to ensure this criterion occurred before the age of 13 years.

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	0	1	2	3	?	Criterion Status
A1.	58			✓			May be Indicated
A2.	117		✓				Not Indicated
A3.	33R				✓		Not Indicated
A4.	134		✓				Not Indicated
A5.	88			✓			**Indicated**
A6.	148				✓		**Indicated**
A7.	143				✓		**Indicated**
A8.	20				✓		**Indicated**

R = This item is reverse scored for score calculations.

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DSM-IV-TR Major Depressive Episode

DSM-IV-TR Symptoms: Criterion A	Item Number	Rating 0	1	2	3	?	Criterion Status
A1.	115		✓				May be Indicated
A2.	93		✓				Not Indicated
A3.	8					✓	?
A4.	125 -or- 70 -or- 158 -or- 1		✓ (at 1)	✓ (at 125)	✓ (at 70) ✓ (at 158)		**Indicated**
A5.	86 -or- 26		✓ ✓				May be Indicated
A6.	137				✓		**Indicated¹**
A7.	118 -or- 135			✓ ✓			**Indicated**
A8.	12 -or- 147			✓	✓		**Indicated**
A9.	146				✓		**Indicated²**

? = Item(s) were omitted and the criterion status cannot be determined.

¹Investigation by the assessor is recommended to determine whether tiredness or low energy represents a change from typical energy levels (for Criterion A6).

²In order to fully assess Criterion A9, follow-up is recommended to determine if there have been recurrent thoughts of death or suicide, if a suicide plan has been made, or if there has been a suicide attempt.

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.

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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				✓		**Indicated**¹
B1.	171			✓			**Indicated**
B2.	108		✓				Not Indicated
B3.	63			✓			**Indicated**
B4.	27			✓			**Indicated**
B5.	126				✓		**Indicated**
B6.	149 -or- 86		✓		✓		**Indicated**
B7.	166		✓				Not Indicated

¹Follow-up is required to determine whether Danielle's mood is elevated, expansive, or irritable.

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.

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DSM-IV-TR Generalized Anxiety Disorder

DSM-IV-TR Symptoms: Criteria A, B and C	Item Number	0	1	2	3	?	Criterion Status
A.	78			✓			**Indicated**
B.	38			✓			**Indicated**
C1.	3 -or- 86		✓		✓		**Indicated**
C2.	137 -or- 35		✓		✓		**Indicated**
C3.	113				✓		**Indicated**
C4.	142			✓			**Indicated**
C5.	13			✓			**Indicated**
C6.	10 -or- 1 -or- 70 -or- 158		✓	✓	✓ ✓		**Indicated**

DSM-IV-TR Separation Anxiety Disorder

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

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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		✓ ✓				Not Indicated
B.	46			✓			May be Indicated
C.	5			✓			**Indicated**
D.	74 -or- 84			✓	✓		**Indicated**

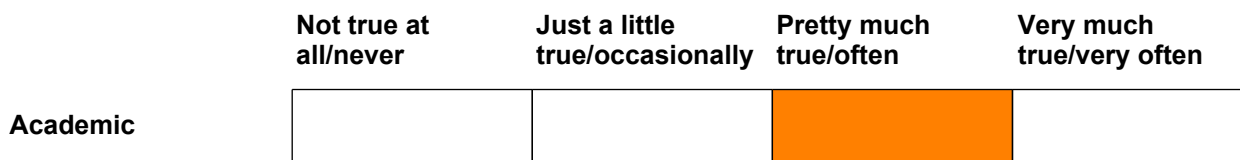R = This item is reverse scored for score calculations.

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			✓			**Indicated**
A2.	2			✓			**Indicated**
A3.	22				✓		**Indicated**
A4.	31				✓		**Indicated**
Compulsions							
A5.	54		✓				Not Indicated
A6.	119		✓				Not Indicated

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Impairment

Danielle'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			ORANGE	

Danielle indicated that her problems seriously affect her schoolwork or grades often (score of 2).

Social				RED

Danielle indicated that her problems seriously affect her friendships and relationships very often or very frequently (score of 3).

Home		YELLOW		

Danielle 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 Danielle'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.

Probability (%)
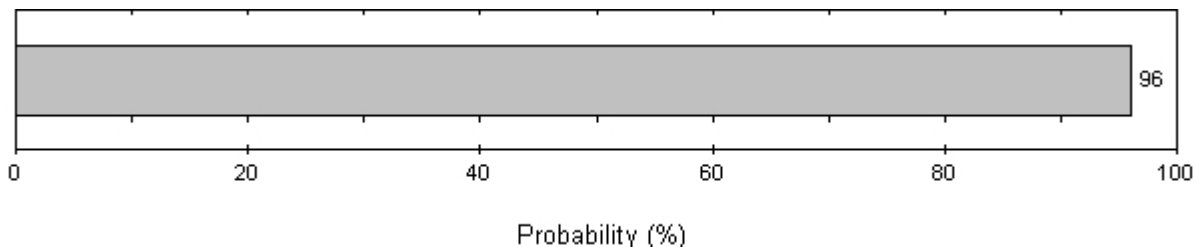
Among clinical and general population cases, individuals with a clinical diagnosis obtained this score 96% of the time. Based on this metric, a clinical classification is strongly indicated, but other clinically relevant information should also be carefully considered in the assessment process. Please see the *Conners CBRS Manual* for further information about interpretation.

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Other Clinical Indicators

The following table displays the results from Danielle'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			✓			🚩 Further investigation is recommended
73	Bullying Victimization		✓				🚩 Further investigation is recommended
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		✓				🚩 Further investigation is recommended
55 139	PTSD: traumatic event involving self PTSD: traumatic event involving others		✓		✓		🚩 Further investigation is recommended
59	Specific Phobia				✓		🚩 Further investigation is recommended
168	Substance Use: alcohol		✓				🚩 Further investigation is recommended
68	Substance Use: illicit drugs			✓			🚩 Further investigation is recommended
141	Substance Use: inhalants				✓		🚩 Further investigation is recommended
105	Substance Use: tobacco			✓			🚩 Further investigation is recommended
95	Tics: motor			✓			🚩 Further investigation is recommended
21	Tics: vocal				✓		🚩 Further investigation is recommended
124	Trichotillomania				✓		🚩 Further investigation is recommended

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.

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Self-Harm Critical Items

The following table displays Danielle'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				✓		🚩 Requires immediate attention
167	Discouraged			✓			🚩 Requires immediate attention
97	Nobody cares				✓		🚩 Requires immediate attention
72	Helplessness			✓			🚩 Requires immediate attention
16	Hopelessness			✓			🚩 Requires immediate attention
135	Worthlessness			✓			🚩 Requires immediate attention

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 Danielle'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				✓		🚩 Requires immediate attention
56	Carries a weapon		✓				🚩 Requires immediate attention
36	Knows where to get a weapon			✓			🚩 Requires immediate attention
112	Cruel to animals			✓			🚩 Requires immediate attention
60	Confrontational stealing				✓		🚩 Requires immediate attention
62	Fire setting				✓		🚩 Requires immediate attention
87	Breaking and entering		✓				🚩 Requires immediate attention
136	Gang membership		✓				🚩 Requires immediate attention

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 Danielle has about herself.

Item Number	Item Content	Rating
178	Additional problems	This item was omitted.
179	Strengths or skills	This item was omitted.

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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.

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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.

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Item Responses

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

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: June 16, 2008
End of Report

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Conners Comprehensive Behavior Rating Scales
Feedback Handout for Self-Report Ratings

Child's Name: Danielle

Child's Age: 19

Date of Assessment: January 05, 2008

Assessor's Name: Allen

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?
Danielle 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"). Danielle'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). Danielle's responses were compared with what is expected for 17-18-year-old girls. The scores for each group of items showl how similar Danielle is to her peers. This information helps the assessor know if Danielle is having more difficulty in a certain area than other 17-18-year-old girls.

Results from the Conners CBRS–Self Form
The assessor who asked Danielle to complete the Conners CBRS will help explain these results and answer any questions you might have. Remember, these scores were calculated from how Danielle described herself in the past month. The self-report ratings help the assessor know how Danielle 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 Danielle and her parent, other test results, and observations of Danielle. All of the combined information is used to determine if Danielle 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.

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Danielle'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 17-18-year-old girls. This gives you information about whether Danielle described typical or average levels of concern (that is, "not an area of concern") or if she described "more concerns than average" for 17-18-year-old girls. The table also gives you a short description of the types of difficulties that are included in each possible problem area. Danielle 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 Danielle 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 Danielle 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.

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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 Danielle'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.

- Bullying others
- Being the victim of bullying
- Symptoms of panic
- Eating non-food items (e.g., dirt)
- Exposure to a traumatic event
- Phobias
- Alcohol use
- Illicit drug use
- Tobacco use
- Use of inhalants
- Tics
- Pulling out own hair
- Behaviors associated with extreme misbehavior
- Behaviors, thoughts, and feelings associated with self-harm
- 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 Danielle's functioning, she responded:

Danielle indicated that her problems often seriously affect her schoolwork or grades.
Danielle indicated that her problems very often seriously affect her friendships and relationships.
Danielle indicated that her problems occasionally seriously affect her home life.

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Assessor comments:

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