



# CONNERS

Comprehensive Behavior  
Rating Scales™

*By C. Keith Conners, Ph.D.*

## Conners CBRS–Parent Assessment Report

**Child's Name/ID:** **Monty B**

Age: 6 years

Gender: Male

Birth Date: September 15, 2000

Grade: Kindergarten

Parent's Name/ID: Mrs. B (Grandmother)

Administration Date: November 11, 2006

Assessor Name:

Data Entered By: Jane

Normative Option: Gender-specific norms

DSM Scoring Option: DSM-5

Report Options: The following features were included in this assessment report:  
Standard Error of Measurement, Percentiles, 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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ver. 1.2

## Summary of Results

### Response Style Analysis

Scores on the Validity scales do not indicate a positive, negative, or inconsistent response style.

### Summary of Elevated Scores

The following section summarizes areas of concern for Monty B based on his parent's ratings on the Conners CBRS-P. Note that areas that are not a concern are not reported in this summary.

#### Conners CBRS-P Content Scales

The *T*-scores for the following Conners CBRS-P Content scales were **very elevated** (i.e., *T*-score  $\geq 70$ ), indicating many more concerns than are typically reported: Defiant/Aggressive Behaviors (*T* = 90) and Violence Potential Indicator (*T* = 70).

#### DSM-5 Symptom Scales

The Symptom Counts were **probably met** and the *T*-scores were **elevated or very elevated** (i.e., *T*-score  $\geq 65$ ) for the following DSM-5 Symptom scales: Conduct Disorder (*T* = 77) and Oppositional Defiant Disorder (*T* = 90). These diagnoses should be given strong consideration.

#### Impairment

The parent reports that Monty B's problems seriously affect his functioning **very frequently** (rating = 3) in the academic setting, and **often** (rating = 2) in the social and home settings.

#### Conners Clinical Index

Based on the parent's ratings, a clinical classification is indicated (73% probability), but other clinically relevant information should also be carefully considered in the assessment process.

#### Other Clinical Indicators

Based on the parent's ratings to the Conners CBRS-P, **further investigation is recommended** for the following issue(s): Bullying Perpetration (rating = 1) and Bullying Victimization (rating = 1).

#### Conners CBRS-P Results and IDEA

Scores on the Conners CBRS-P suggest possible consideration for IDEA 2004 eligibility in the following area(s): Developmental Delay-Emotional, Developmental Delay-Social and Emotional Disturbance.

### Cautionary Remark

This Summary of Results section only provides information about areas that are a concern. Please refer to the remainder of the Assessment Report for further information regarding areas that are not elevated or could not be scored due to omitted items.

## Introduction

Conners Comprehensive Behavior Rating Scales–Parent (Conners CBRS–P) is an assessment tool used to obtain a parent's observations about his or her child's behavior. The use of this assessment is helpful when information regarding a number of childhood disorders and problem behaviors is desired. When used in combination with other information, results from the Conners CBRS–P can provide valuable information to guide assessment decisions. This report provides information about the parent's assessment of the youth, how he compares to other youth, and which scales and subscales are elevated. See the *Conners CBRS Manual* and *DSM-5 Update* (published by MHS) for more information.

This computerized report is an interpretive aid and should not be provided to parents or used as the sole criterion for clinical diagnosis or intervention. Administrators are cautioned against drawing unsupported interpretations. Combining information from this report with information gathered from other psychometric measures, interviews, observations, and review of available records will give the assessor 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 parent's responses to specific items to ensure that these interpretations apply to the youth being described.

## Response Style Analysis

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

### Positive Impression

The Positive Impression score (raw score = 1) does not indicate an overly positive response style.

### Negative Impression

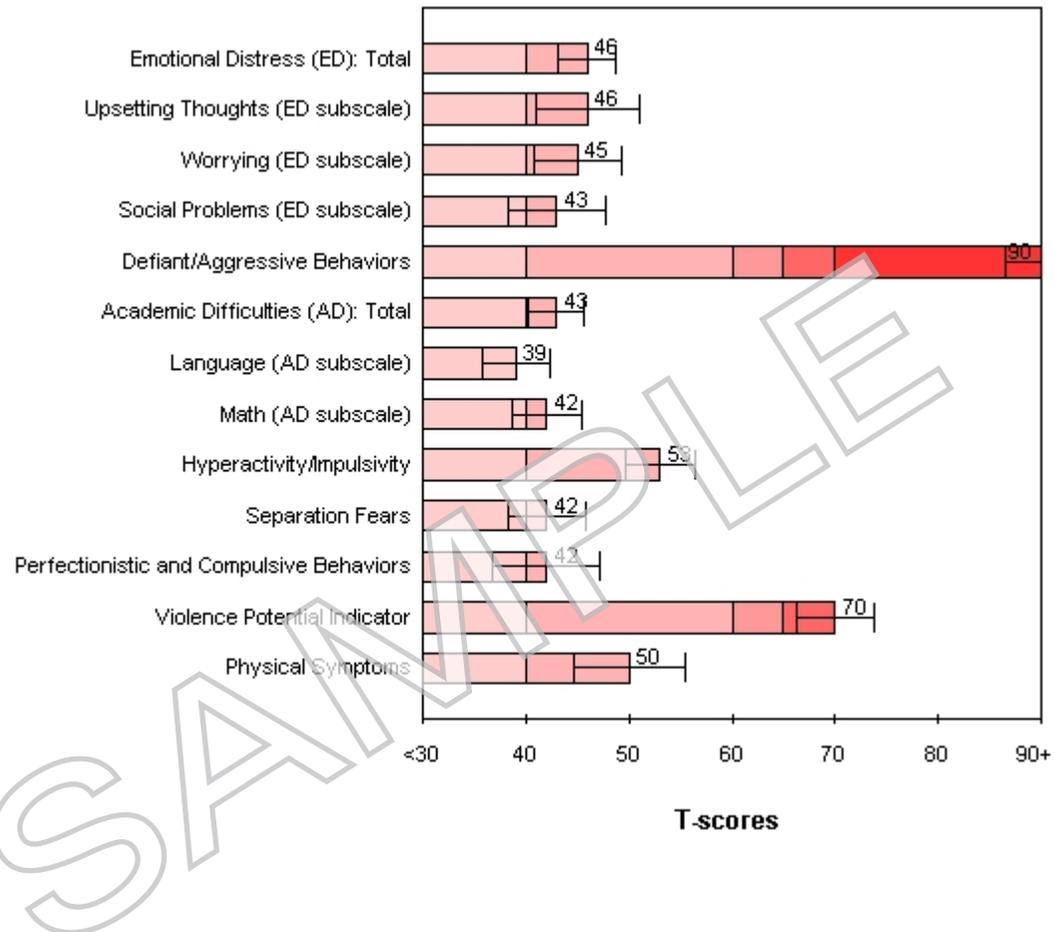
The Negative Impression score (raw score = 0) does not indicate an overly negative response style.

### Inconsistency Index

The Inconsistency Index score (raw score = 3, number of differentials  $\geq 2 = 0$ ) does not indicate an inconsistent response style.

## Conners CBRS-P Content Scales: T-scores

The following graph provides T-scores for each of the Conners CBRS-P 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–P Content Scales: Detailed Scores

The following table summarizes the results of the parent’s assessment of Monty B and provides general information about how he compares to the normative group. Please refer to the *Conners CBRS Manual* for more information on the interpretation of these results.

Scale	Raw Score	T-score ± SEM (Percentile)	Guideline	Common Characteristics of High Scorers
Emotional Distress (ED): Total	3	46 ± 2.8 (46)	Average Score (Typical levels of concern)	Worries a lot (including possible social anxieties), may show signs of depression; may have physical symptoms (aches, pains, difficulty sleeping); may seem socially isolated; may have rumination.
Upsetting Thoughts (ED subscale)	0	46 ± 5.0 (40)	Average Score (Typical levels of concern)	Has upsetting thoughts. May get stuck on ideas or rituals. May show signs of depression, including suicidal ideation.
Worrying (ED subscale)	1	45 ± 4.2 (45)	Average Score (Typical levels of concern)	Worries a lot, including anticipatory and social worries. May experience inappropriate guilt.
Social Problems (ED subscale)	0	43 ± 4.7 (23)	Average Score (Typical levels of concern)	Socially awkward, may be shy. Seems socially isolated. May have limited conversational skills.
Defiant/Aggressive Behaviors	15	90 ± 3.4 (98)	Very Elevated Score (Many more concerns than are typically reported)	May have poor control of anger and/or aggression; may be physically and/or verbally aggressive; may show violence, bullying, destructive tendencies; may have legal problems.
Academic Difficulties (AD): Total	2	43 ± 2.7 (27)	Average Score (Typical levels of concern)	Problems with learning, understanding, or remembering academic material. Poor academic performance. May struggle with communication skills.
Language (AD subscale)	0	39 ± 3.3 (4)	Low Score (Fewer concerns than are typically reported)	Problems with reading, writing, spelling, and/or communication skills.
Math (AD subscale)	0	42 ± 3.4 (23)	Average Score (Typical levels of concern)	Problems with math.
Hyperactivity/Impulsivity	8	53 ± 3.4 (65)	Average Score (Typical levels of concern)	High activity levels, may be restless, may have difficulty being quiet. May have problems with impulse control; may interrupt others or have trouble waiting for his/her turn.
Separation Fears	0	42 ± 3.8 (17)	Average Score (Typical levels of concern)	Fears being separated from parents/caregivers.
Perfectionistic and Compulsive Behaviors	0	42 ± 5.2 (17)	Average Score (Typical levels of concern)	Rigid, inflexible, perfectionistic. May become “stuck” on a behavior or idea. May be overly concerned with cleanliness. May set unrealistic goals.
Violence Potential Indicator	20.5	70 ± 3.7 (98)	Very Elevated Score (Many more concerns than are typically reported)	May display, or may be at risk for, aggressive behavior.
Physical Symptoms	2	50 ± 5.4 (57)	Average Score (Typical levels of concern)	May complain about aches, pains, or feeling sick. May have sleep, appetite, or weight issues.

Note: SEM = Standard Error of Measurement

## DSM-5 Overview

This section of the report provides the following information for each DSM-5 diagnosis on the Conners CBRS-P:

1. DSM-5 Symptom scales: *T*-scores
2. DSM-5 Symptom scales: Detailed Scores
3. DSM-5 Total Symptom Counts
4. DSM-5 Symptom Tables
  - Listing of Conners CBRS-P item(s) that correspond to each DSM-5 Symptom
  - Criterion status of each DSM-5 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-5 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.

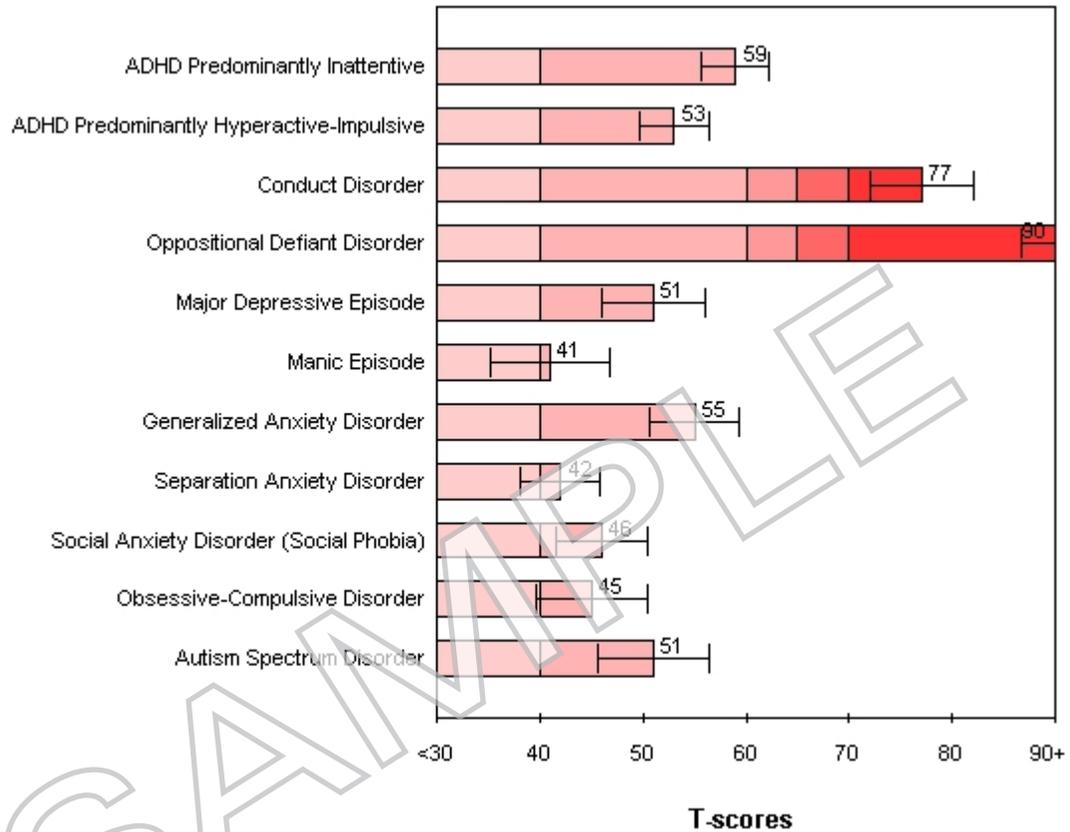
### *Interpretive Considerations*

Results from the Conners CBRS-P are a useful component of DSM-5 based diagnosis, but cannot be relied upon in isolation. When interpreting the Conners CBRS-P DSM-5 Symptom scales, the assessor should take the following important considerations into account. Please refer to the *Conners CBRS Manual* and *DSM-5 Update* for further interpretative guidelines.

- The Conners CBRS-P contains symptom-level criteria, not full diagnostic criteria, for DSM-5 diagnoses. Additional criteria (e.g., course, age of onset, differential diagnosis, level of impairment, pervasiveness) must be met before a DSM-5 diagnosis can be assigned.
- The Conners CBRS-P items are approximations of the DSM-5 symptoms that are intended to represent the main clinical construct in a format that most parents can understand. As a result, some aspects of the DSM-5 criteria may not be fully represented. Before using any diagnostic labels, the assessor must consider all criteria that are required for a DSM-5 diagnosis, including the symptoms from the Conners CBRS-P. The assessor should refer to the DSM-5 and follow-up with the client for more information when reviewing the Conners CBRS-P report for diagnostic information. The DSM-5 incorporates specifiers (e.g., "With limited prosocial emotions" for Conduct Disorder), where follow-up is recommended to determine their applicability for a specific case.
- The Conners CBRS-P provides information relevant to the DSM-5 diagnoses from two different perspectives: absolute (Symptom Count) and relative (*T*-score). Results of the DSM-5 Symptom Counts can contribute to consideration of whether a particular DSM-5 diagnosis might be appropriate. A *T*-score for each DSM-5 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-5 Symptom Count and *T*-score).
  - Both scores are elevated (i.e., DSM-5 Symptom Count probably met, DSM-5 *T*-score  $\geq 65$ ): This diagnosis should be given strong consideration.
  - Both scores are average or below (i.e., DSM-5 Symptom Count probably not met, DSM-5 *T*-score  $< 65$ ): 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-5 Symptom Count probably met, DSM-5 *T*-score  $< 65$ ): Although the absolute DSM-5 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-5 diagnosis).
  - Only *T*-score is elevated (i.e., DSM-5 Symptom Count probably not met, DSM-5 *T*-score  $\geq 65$ ): Although the current presentation is atypical for the youth's age and gender, there are not sufficient symptoms reported to meet DSM-5 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-5 Symptom Scales: T-scores

The following graph provides T-scores for each of the DSM-5 Symptom scales. The error bars on each bar represent Standard Error of Measurement (SEM) for each DSM-5 Symptom scale score. For information on SEM, see the *Conners CBRS Manual*.

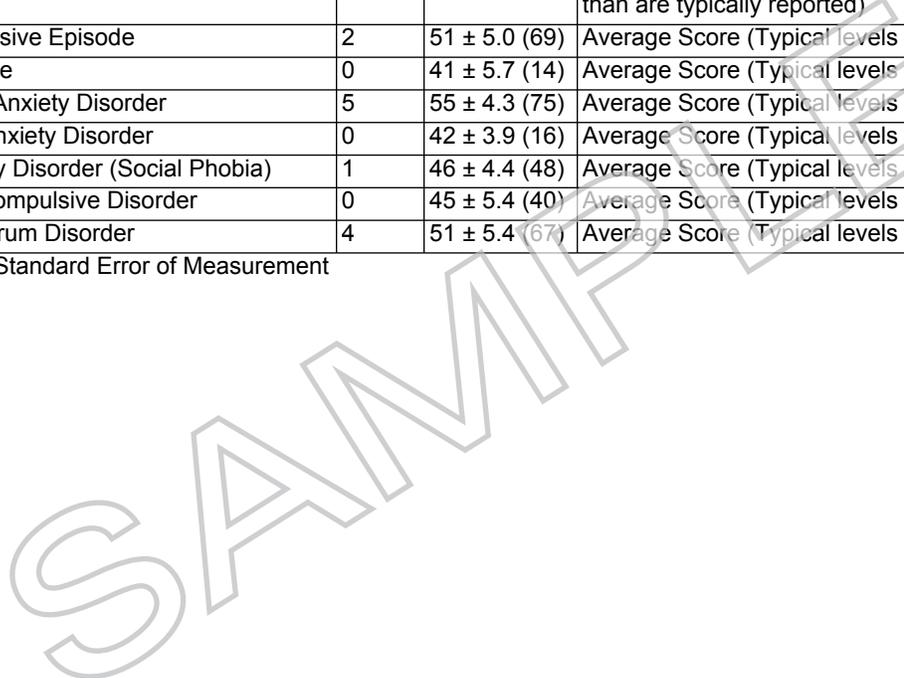


## DSM-5 Symptom Scales: Detailed Scores

The following table summarizes the results of the parent’s assessment of Monty B with respect to the DSM-5 Symptom scales, and provides general information about how he compares to the normative group. Please refer to the *Conners CBRS Manual* for more information on the interpretation of these results.

Scale	Raw Score	T-score ± SEM (Percentile)	Guideline
ADHD Predominantly Inattentive Presentation	9	59 ± 3.3 (84)	Average Score (Typical levels of concern)
ADHD Predominantly Hyperactive-Impulsive Presentation	8	53 ± 3.4 (65)	Average Score (Typical levels of concern)
Conduct Disorder	6	77 ± 5.0 (98)	Very Elevated Score (Many more concerns than are typically reported)
Oppositional Defiant Disorder	14	90 ± 3.3 (98)	Very Elevated Score (Many more concerns than are typically reported)
Major Depressive Episode	2	51 ± 5.0 (69)	Average Score (Typical levels of concern)
Manic Episode	0	41 ± 5.7 (14)	Average Score (Typical levels of concern)
Generalized Anxiety Disorder	5	55 ± 4.3 (75)	Average Score (Typical levels of concern)
Separation Anxiety Disorder	0	42 ± 3.9 (16)	Average Score (Typical levels of concern)
Social Anxiety Disorder (Social Phobia)	1	46 ± 4.4 (48)	Average Score (Typical levels of concern)
Obsessive-Compulsive Disorder	0	45 ± 5.4 (40)	Average Score (Typical levels of concern)
Autism Spectrum Disorder	4	51 ± 5.4 (67)	Average Score (Typical levels of concern)

Note: SEM = Standard Error of Measurement



## DSM-5 Total Symptom Counts

The following tables summarize the results of the DSM-5 Total Symptom Counts as indicated by the Conners CBRS-P.

**Results from the Conners CBRS-P suggest that the Symptom Count requirements are *probably met* for the following DSM-5 diagnoses:**

Scale	DSM-5 Symptom Count Requirements	Symptom Count as indicated by Conners CBRS-P
<b>Conduct Disorder</b>	At least 3 out of 15 symptoms	5
<b>Oppositional Defiant Disorder</b>	At least 4 out of 8 symptoms	6

Note(s):

The Symptom Count is probably met for Oppositional Defiant Disorder. Follow-up is recommended to ensure symptoms are exhibited during interaction with at least one individual who is not a sibling.

**Results from the Conners CBRS-P suggest that the Symptom Count requirements are *probably not met* for the following DSM-5 diagnoses:**

Scale	DSM-5 Symptom Count Requirements	Symptom Count as indicated by Conners CBRS-P
<b>ADHD Predominantly Inattentive (ADHD In)</b>	At least 6 out of 9 symptoms	1
<b>ADHD Predominantly Hyperactive-Impulsive (ADHD Hyp-Imp)</b>	At least 6 out of 9 symptoms	1
<b>ADHD Combined</b>	Criteria must be met for both ADHD In and ADHD Hyp-Imp	ADHD In: 1 ADHD Hyp-Imp: 1
<b>Major Depressive Episode</b>	At least 5 out of 9 symptoms including A1 or A2	0 (A1: not included; A2: not included)
<b>Manic Episode<sup>‡</sup></b>	Criterion A Elevated Mood and Increased Goal-Directed Activity or Energy, and at least 3 out of 7 Criterion B symptoms -or- Criterion A Irritable Mood and Increased Goal-Directed Activity or Energy, and at least 4 out of 7 Criterion B symptoms	Criterion A: Elevated mood Not Indicated; Irritable mood Not Indicated; Increased goal-directed activity Not Indicated Criterion B: 0
<b>Generalized Anxiety Disorder<sup>†</sup></b>	Criteria A and B; At least 1 out of 6 Criterion C symptoms	Criterion A: Not Indicated Criterion B: Not Indicated Criterion C: 1
<b>Separation Anxiety Disorder</b>	At least 3 out of 8 symptoms	0
<b>Social Anxiety Disorder (Social Phobia)</b>	Criteria A, B, C, and D	Criterion A: Not Indicated Criterion B: Not Indicated Criterion C: Not Indicated Criterion D: Not Indicated
<b>Obsessive-Compulsive Disorder</b>	Both Obsessions symptoms -or- Both Compulsions symptoms	Obsessions: 0 Compulsions: 0
<b>Autism Spectrum Disorder<sup>‡</sup></b>	Criterion A At least 2 out of 4 Criterion B symptoms	Criterion A: Not Met Criterion B: 0

Note(s):

<sup>‡</sup>Some criteria from this disorder are not assessed on the Conners CBRS (see the individual DSM-5 Symptom Tables for more information).

<sup>†</sup>The Conners CBRS-P Symptom Count for Generalized Anxiety Disorder is based on the criteria for children.

## DSM-5 Symptom Tables

This section of the report provides information about how the parent rated Monty B on items that correspond to the DSM-5. Please see the DSM-5 Overview section for important information regarding appropriate use of DSM-5 Symptom Counts.

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

**Parent's 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-5 ADHD Predominantly Inattentive Presentation

DSM-5 Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
A1a.	12		✓				Not Indicated
A1b.	136	✓					Not Indicated
A1c.	86			✓			<b>Indicated</b>
A1d.	65 -and- 8		✓	✓			Not Indicated
A1e.	23	✓					Not Indicated
A1f.	83		✓				Not Indicated
A1g.	96		✓				Not Indicated
A1h.	154	✓					Not Indicated
A1i.	1		✓				Not Indicated

### DSM-5 ADHD Predominantly Hyperactive-Impulsive Presentation

DSM-5 Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
<b>Hyperactivity</b>							
A2a.	117		✓				Not Indicated
A2b.	28		✓				Not Indicated
A2c.	32 -or- 89		✓				May be Indicated
A2d.	148		✓				Not Indicated
A2e.	180 -or- 16	✓					Not Indicated
A2f.	104	✓					Not Indicated
<b>Impulsivity</b>							
A2g.	19		✓				Not Indicated
A2h.	99		✓				Not Indicated
A2i.	169		✓				Not Indicated

### DSM-5 ADHD Combined Presentation

An ADHD Combined Presentation diagnosis requires the examination of symptoms for ADHD Predominantly Inattentive Presentation and for ADHD Predominantly Hyperactive-Impulsive Presentation. See the DSM-5 or the *Conners CBRS Manual* and *DSM-5 Update* for additional guidance.

### DSM-5 Conduct Disorder

DSM-5 Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
<b>Aggression to People and Animals</b>							
A1.	177		✓				May be Indicated
A2.	69		✓				May be Indicated
A3.	122	✓					Not Indicated
A4.	144		✓				<b>Indicated</b>
A5.	161	✓					Not Indicated
A6.	116	✓					Not Indicated
A7.	98	✓					Not Indicated
<b>Destruction of Property</b>							
A8.	90	✓					Not Indicated
A9.	179		✓				<b>Indicated</b>
<b>Deceitfulness or Theft</b>							
A10.	39	✓					Not Indicated
A11.	149		✓				Not Indicated
A12.	120		✓				<b>Indicated</b>
<b>Serious Violations of Rules</b>							
A13.	147	✓					Not Indicated
A14.	10	✓					Not Indicated
A15.	107	✓					Not Indicated

### DSM-5 Oppositional Defiant Disorder

DSM-5 Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
<b>Angry/Irritable Mood</b>							
A1.	45			✓			<b>Indicated</b>
A2.	108		✓				Not Indicated
A3.	82			✓			<b>Indicated</b>
<b>Argumentative/Defiant Behavior</b>							
A4.	70				✓		<b>Indicated</b>
A5.	127			✓			<b>Indicated</b>
A6.	163			✓			<b>Indicated</b>
A7.	134		✓				Not Indicated
<b>Vindictiveness</b>							
A8.	54		✓				May be Indicated

When considering DSM-5 symptom criteria for Oppositional Defiant Disorder, the assessor needs to ensure that the symptoms are exhibited during interaction with at least one individual who is not a sibling.

### DSM-5 Major Depressive Episode

DSM-5 Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
A1.	94 -or- 137	✓					Not Indicated
A2.	53	✓					Not Indicated
A3.	43	✓					Not Indicated <sup>1</sup>
A4.	59 -or- 126 -or- 181 -or- 110	✓	✓				Not Indicated
A5.	35 -or- 103	✓					Not Indicated
A6.	171	✓					Not Indicated
A7.	124 -or- 6	✓					Not Indicated
A8.	49	✓					Not Indicated
A9.	138 -or- 168	✓					Not Indicated

<sup>1</sup>The parent does not report a change in weight or appetite (Criterion A3). This response typically indicates the absence of a symptom, however, in children, the symptom may be present if expected weight gains are not met.

**Note(s):**

When considering DSM-5 symptom criteria for Major Depressive Episode, the assessor needs to ensure the youth experiences these symptoms nearly every day, and that the symptoms represent a change from previous functioning.

### DSM-5 Manic Episode

DSM-5 Symptoms: Criteria A and B	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
A: (Elevated Mood)	111	✓					Not Indicated <sup>1</sup>
-or- (Irritable Mood)	166	✓					Not Indicated <sup>1</sup>
-and- (Increased Goal-Directed Activity)	91	✓					Not Indicated <sup>1</sup>
B1.	74	✓					Not Indicated
B2.	25	✓					Not Indicated
B3.	71	✓					Not Indicated
B4.	109	✓					Not Indicated
B5.	87	✓					Not Indicated
B6.	91	✓					Not Indicated
	35	✓					
B7.	198	✓					Not Indicated <sup>2</sup>

<sup>1</sup>If the individual was hospitalized for the symptoms of Manic Episode, the symptoms are severe enough to warrant consideration for this diagnosis (even if symptoms did not persist for one week prior to hospitalization).

<sup>2</sup>Criterion B7 (excessive involvement in activities that have a high potential for painful consequences) is assessed with the item, "Seeks **pleasure** without caring about what bad things could happen." It is possible for an individual to be involved in high-risk activities that do not provide him/her with pleasure. Further investigation may be needed to check this possibility.

Note(s):

When considering DSM-5 symptom criteria for Manic Episode, the assessor needs to ensure the youth experiences the Criterion A symptoms nearly every day, and that the Criterion B symptoms represent a noticeable change from usual behavior.

### DSM-5 Generalized Anxiety Disorder

DSM-5 Symptoms: Criteria A, B and C	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
A.	68	✓					Not Indicated
B.	153	✓					Not Indicated
C1.	42 -or- 89	✓	✓				May be Indicated
C2.	171 -or- 50	✓ ✓					Not Indicated
C3.	4		✓				Not Indicated
C4.	196 -or- 108	✓	✓				Not Indicated
C5.	7	✓					Not Indicated
C6.	119 -or- 110 -or- 126 -or- 181	✓ ✓ ✓ ✓	✓	✓			Not Indicated

### DSM-5 Separation Anxiety Disorder

DSM-5 Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
A1.	76	✓					Not Indicated
A2.	31	✓					Not Indicated
A3.	88	✓					Not Indicated
A4.	44	✓					Not Indicated
A5.	41 -or- 58	✓ ✓					Not Indicated
A6.	160	✓					Not Indicated
A7.	81	✓					Not Indicated
A8.	184	✓					Not Indicated

### DSM-5 Social Anxiety Disorder (Social Phobia)

DSM-5 Symptoms: Criteria A, B, C and D	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
A.	22	✓					Not Indicated <sup>1</sup>
B.	187 -or- 63	✓	✓				Not Indicated
C.	22 -or- 56	✓ ✓					Not Indicated <sup>1,2</sup>
D.	92 -or- 176	✓ ✓					Not Indicated

<sup>1</sup>The parent did not indicate that there is panic in social situations (see the rating to item 22, "Panics about social situations or when doing things in front of people"). However, Criterion A (fear or anxiety about situations that involve possible scrutiny by others) and Criterion C (always experiences fear or anxiety in relevant social situations) focus on fear or anxiety, rather than panic. Further investigation is warranted to determine if there is marked fear or anxiety in social situations.

<sup>2</sup>The parent did not indicate child expressions of fear or anxiety in social situations (i.e., crying, tantrums, avoiding or freezing in social situations). However, Criterion C is assessed with item 56, "Cries, throws tantrums, avoids, or freezes in social situations with unfamiliar people." The symptom criterion does not limit anxiety-provoking social situations to those that involve unfamiliar people. Further investigation is warranted to determine if fear or anxiety is expressed in social situations with familiar people.

### DSM-5 Obsessive-Compulsive Disorder

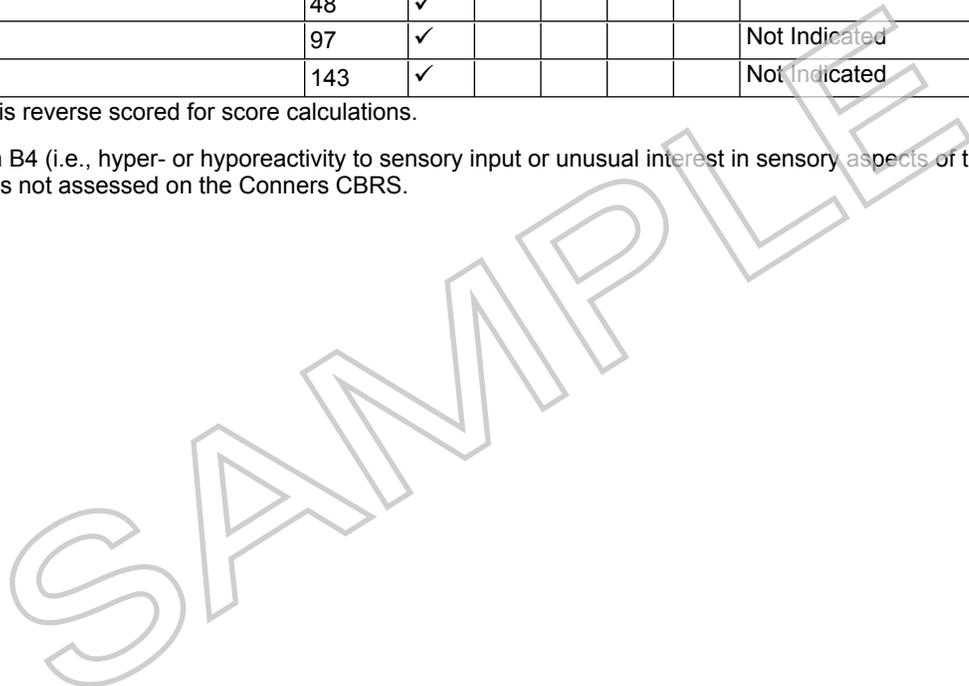
DSM-5 Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
<b>Obsessions</b>							
A1.	159 -or- 183	✓ ✓					Not Indicated
A2.	84	✓					Not Indicated
<b>Compulsions</b>							
A1.	178	✓					Not Indicated
A2.	175	✓					Not Indicated

### DSM-5 Autism Spectrum Disorder

DSM-5 Symptoms: Criteria A and B	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
A1.	85 -or- 77R -or- 156 -or- 186R	✓					Indicated
		✓					
A2.	2R				✓		Not Indicated
A3.	64	✓					Not Indicated
B1.	188 -or- 48	✓ ✓					Not Indicated
B2.	97	✓					Not Indicated
B3.	143	✓					Not Indicated

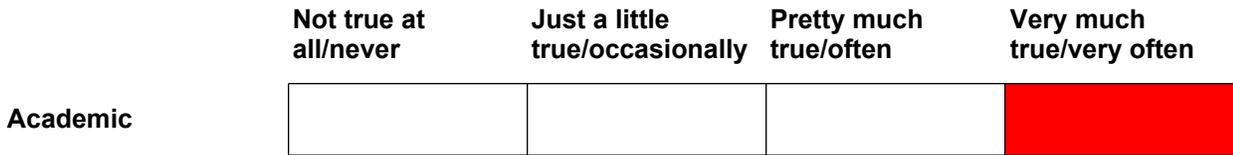
R = This item is reverse scored for score calculations.

Note: Criterion B4 (i.e., hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment) is not assessed on the Conners CBRS.



## Impairment

The parent's report of Monty B's level of impairment in academic, social, and home settings is presented below.



Monty B's parent indicated that Monty B's problems seriously affect his schoolwork or grades very often or very frequently (score of 3).



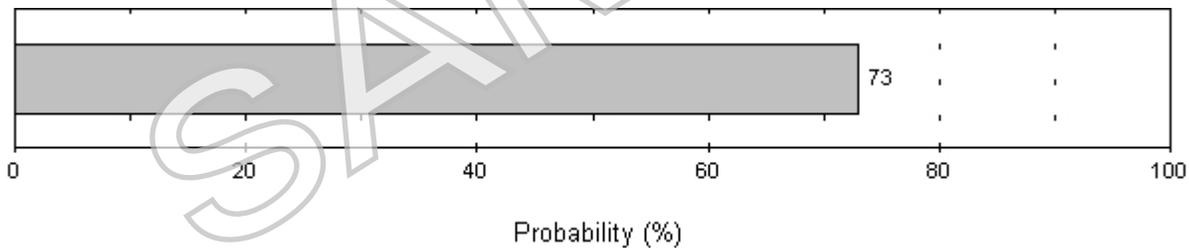
Monty B's parent indicated that Monty B's problems seriously affect his friendships and relationships often (score of 2).



Monty B's parent indicated that Monty B's problems seriously affect his home life often (score of 2).

## Conners Clinical Index

The following graph presents the Conners Clinical Index score that was calculated from the parent ratings of Monty B. 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 73% 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 the parent’s observation of Monty B’s 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	Parent's Rating					Recommendation
		0	1	2	3	?	
177	Bullying Perpetration		✓				Further investigation is recommended
3	Bullying Victimization		✓				Further investigation is recommended
80	Enuresis/Encopresis	✓					No need for further investigation is indicated
93	Panic Attack: dizziness	✓					No need for further investigation is indicated
141	Panic Attack: feels sick	✓					
29	Panic Attack: shortness of breath	✓					
194	Pica	✓					No need for further investigation is indicated
189	Posttraumatic Stress Disorder	✓					No need for further investigation is indicated
79	Specific Phobia	✓					No need for further investigation is indicated
36	Substance Use: alcohol	✓					No need for further investigation is indicated
131	Substance Use: illicit drugs	✓					No need for further investigation is indicated
182	Substance Use: inhalants	✓					No need for further investigation is indicated
165	Substance Use: tobacco	✓					No need for further investigation is indicated
57	Tics: motor	✓					No need for further investigation is indicated
46	Tics: vocal	✓					No need for further investigation is indicated
9	Trichotillomania	✓					No need for further investigation is indicated <sup>1</sup>

**Parent’s 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.

<sup>1</sup>The item “Pulls out hair from his/her scalp, eyelashes, or other places to the point that you can **notice bald patches**,” assesses a symptom associated with diagnostic criteria for Trichotillomania. This disorder does not require visible hair loss. Further investigation of this symptom is warranted.

## Self-Harm Critical Items

The following table displays the parent's observations of Monty B's 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	Parent's Rating					Recommendation
		0	1	2	3	?	
30	Self-Harm	✓					No need for further investigation is indicated
138	Suicide ideation, plan or attempt	✓					No need for further investigation is indicated
168	Thoughts of death and dying	✓					No need for further investigation is indicated
125	Helplessness	✓					No need for further investigation is indicated
137	Hopelessness	✓					No need for further investigation is indicated
6	Worthlessness	✓					No need for further investigation is indicated

**Parent's 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 the parent's observations of Monty B's 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	Parent's Rating					Recommendation
		0	1	2	3	?	
122	Uses a weapon	✓					No need for further investigation is indicated
106	Carries a weapon	✓					No need for further investigation is indicated
170	Shows interest in weapons	✓					No need for further investigation is indicated
161	Cruel to animals	✓					No need for further investigation is indicated
116	Confrontational stealing	✓					No need for further investigation is indicated
98	Forced sex	✓					No need for further investigation is indicated
90	Fire setting	✓					No need for further investigation is indicated
39	Breaking and entering	✓					No need for further investigation is indicated
132	Gang membership	✓					No need for further investigation is indicated
195	Trouble with police	✓					No need for further investigation is indicated
13	Disregard for others' rights	✓					No need for further investigation is indicated

**Parent's 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 from the parent about Monty B.

Item Number	Item Content	Parent's Rating
202	Additional concerns about your child	His father neve listened and gres up to trouble. I don't want that to happen to Monty.
203	Child's strengths or skills	Monty is high-spirit and loving

SAMPLE

## Conners CBRS-P Results and IDEA

The Conners CBRS-P 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-P 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-P. Checkmarks indicate which areas of the Conners CBRS-P 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-P content.

Content Areas	Follow-up Recommended	Possible IDEA Eligibility Category
<b>Conners CBRS-P Content Scales</b>		
Emotional Distress (ED): Total		DD-Emotional, ED
Upsetting Thoughts (ED subscale)		DD-Emotional, ED
Worrying (ED subscale)		DD-Emotional, ED
Social Problems (ED subscale)		Autism, DD-Communication, DD-Emotional, DD-Social, ED, S/L
Defiant/Aggressive Behaviors	✓	DD-Emotional, ED
Academic Difficulties (AD): Total		DD-Communication, LD, S/L
Language (AD subscale)		DD-Communication, LD, S/L
Math (AD subscale)		LD
Hyperactivity/Impulsivity		DD-Emotional, ED, OHI
Separation Fears		DD-Emotional, ED
Perfectionistic and Compulsive Behaviors		Autism, DD-Emotional, ED
Violence Potential Indicator	✓	DD-Emotional, ED
Physical Symptoms		DD-Emotional, ED, OHI
<b>DSM-5 Symptom Scales</b>		
ADHD Predominantly Inattentive Presentation		ED, LD, OHI
ADHD Predominantly Hyperactive-Impulsive Presentation		ED, OHI
ADHD Combined Presentation		ED, LD, OHI
Conduct Disorder	✓	ED
Oppositional Defiant Disorder	✓	ED
Major Depressive Episode		ED
Manic Episode		ED
Generalized Anxiety Disorder		ED
Separation Anxiety Disorder		ED
Social Anxiety Disorder (Social Phobia)		ED
Obsessive-Compulsive Disorder		Autism, ED
Autism Spectrum Disorder		Autism, DD-Communication, DD-Social, ED, S/L

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

Content Areas	Follow-up Recommended	Possible IDEA Eligibility Category
<b>Other Clinical Indicators</b>		
Bullying Perpetration	✓	DD-Emotional, DD-Social, ED
Bullying Victimization	✓	DD-Emotional, DD-Social, ED
Enuresis/Encopresis		DD-Emotional, ED, OHI
Panic Attack		ED
Pica		Autism, ED, OHI
Posttraumatic Stress Disorder		ED
Specific Phobia		ED
Substance Use		ED
Tics		OHI
Trichotillomania		ED
<b>Critical Items</b>		
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.

SAMPLE

## Item Responses

The parent entered the following response values for the items on the Conners CBRS-P.

Item	Parent's Rating										
1.	1	35.	0	69.	1	103.	0	137.	0	171.	0
2.	3	36.	0	70.	3	104.	0	138.	0	172.	0
3.	1	37.	0	71.	0	105.	3	139.	0	173.	0
4.	1	38.	2	72.	0	106.	0	140.	0	174.	0
5.	2	39.	0	73.	0	107.	0	141.	0	175.	0
6.	0	40.	0	74.	0	108.	1	142.	0	176.	0
7.	0	41.	0	75.	2	109.	0	143.	0	177.	1
8.	1	42.	0	76.	0	110.	1	144.	1	178.	0
9.	0	43.	0	77.	0	111.	0	145.	1	179.	1
10.	0	44.	0	78.	0	112.	0	146.	0	180.	0
11.	0	45.	2	79.	0	113.	0	147.	0	181.	0
12.	1	46.	0	80.	0	114.	0	148.	1	182.	0
13.	0	47.	1	81.	0	115.	0	149.	1	183.	0
14.	0	48.	0	82.	2	116.	0	150.	2	184.	0
15.	0	49.	0	83.	1	117.	1	151.	0	185.	0
16.	0	50.	0	84.	0	118.	1	152.	0	186.	2
17.	0	51.	0	85.	0	119.	0	153.	0	187.	1
18.	2	52.	0	86.	2	120.	1	154.	0	188.	0
19.	1	53.	0	87.	0	121.	0	155.	1	189.	0
20.	2	54.	1	88.	0	122.	0	156.	0	190.	0
21.	0	55.	0	89.	1	123.	2	157.	0	191.	0
22.	0	56.	0	90.	0	124.	0	158.	0	192.	0
23.	0	57.	0	91.	0	125.	0	159.	0	193.	0
24.	0	58.	0	92.	0	126.	1	160.	0	194.	0
25.	0	59.	0	93.	0	127.	2	161.	0	195.	0
26.	0	60.	0	94.	0	128.	0	162.	0	196.	0
27.	2	61.	0	95.	0	129.	0	163.	2	197.	0
28.	1	62.	0	96.	1	130.	2	164.	0	198.	0
29.	0	63.	0	97.	0	131.	0	165.	0	199.	3
30.	0	64.	0	98.	0	132.	0	166.	0	200.	2
31.	0	65.	2	99.	1	133.	0	167.	0	201.	2
32.	1	66.	0	100.	0	134.	1	168.	0		
33.	0	67.	0	101.	2	135.	0	169.	1		
34.	1	68.	0	102.	0	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: September 24, 2014

**End of Report**

## Conners Comprehensive Behavior Rating Scales Feedback Handout for Parent Ratings

**Child's Name:** Monty B  
**Child's Age:** 6  
**Date of Assessment:** November 11, 2006  
**Parent's Name:** Mrs. B (Grandmother)  
**Assessor's Name:**

***This feedback handout explains scores from parent ratings of this youth's behaviors and feelings as assessed by the Conners CBRS–Parent Form (Conners CBRS–P). 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 parent's ratings.

### **Why do parents complete the Conners CBRS?**

Information from parents (or guardians) about their child's behavior and feelings is extremely important, as parents generally know their child better than anyone else. Parents can describe their child's behaviors in a number of different situations, including the home and community.

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 you were asked to complete the Conners CBRS, please ask the assessor listed at the top of this feedback form.

### **How does the Conners CBRS work?**

The parent read 203 items, and decided how well each statement described Monty B, or how often Monty B displayed each behavior in the past month ("not at all/never," "just a little true/occasionally," "pretty much true/often," or "very much true/very frequently"). The parent's responses to these 203 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). The parent's responses were compared with what is expected for 6-year-old boys. The scores for each group of items show how similar Monty B is to his peers. This information helps the assessor know if Monty B is having more difficulty in a certain area than other 6-year-old boys.

### **Results from the Conners CBRS–Parent Form**

The assessor who asked the parent to complete the Conners CBRS will help explain these results and answer any questions you might have. Remember, these scores were calculated from how the parent described Monty B in the past month. The parent ratings help the assessor know how Monty B acts at home and in the community. The results from parent ratings on the Conners CBRS should be combined with other important information, such as interviews with Monty B and his parent, other test results, and observations of Monty B. All of the combined information is used to determine if Monty B 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.

The parent’s responses to the 203 items were combined into groups of possible problem areas. The following tables list the main topics covered by the Conners CBRS–Parent form. These scores were compared with other 6-year-old boys. This gives you information about whether the parent described typical or average levels of concern (that is, “not an area of concern”) or if the parent described “more concerns than average” for 6-year-old boys. The tables also give you a short description of the types of difficulties that are included in each possible problem area. Monty B 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 a parent may describe typical or average levels of concern even when Monty B 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–Parent form. A checkmark in the “more concerns than average” box does not necessarily mean Monty B 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
✓		Problems with learning, understanding, or remembering academic material; poor academic performance and/or communication skills
✓		Problems with reading, writing, spelling, or communication skills
✓		Problems with math

**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 Behaviors**

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
	✓	Argumentative; poor anger control; physical/verbal aggression; violent/destructive behaviors; bullying.
	✓	May display, or may be at risk for, aggressive behavior.
	✓	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
✓		Sadness, negative mood, low energy.
✓		Mood swings; increase in energy or goal-directed activity; very high opinion of self; high-risk behaviors
✓		Has upsetting thoughts; gets “stuck” on certain ideas or 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
✓		Frequent worries (including things that might happen and social worries); feels guilty about things when he/she should not
✓		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
✓		Fear or anxiety about social situations; worries about negative evaluation by others; tries to avoid social situations
✓		Thinks about certain things repetitively even though they can be upsetting; does certain behaviors repetitively; perfectionistic; overly concerned with cleanliness

**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; sadness, negative mood, low energy; difficulty with friendships; social isolation; gets “stuck” on certain ideas

**Social Skills**

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
✓		Socially awkward; shy; social isolation; limited conversational skills

**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

**Other Atypical Behavior and Social Problems**

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 social interaction, communication skills (conversation, facial expression, gestures), and/or make-believe play; repetitive behaviors; over-focus on certain topics; odd/awkward/unusual behaviors

## Response Style Analysis

Information about the rater's response style should be considered when the assessor reviews the results with you.

## Additional Topics for Discussion

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

- Bullying others
- Being the victim of bullying
- Features in common with youth who have a clinical diagnosis

### **When asked to rate whether the problems described on the Conners CBRS Parent Form affected the youth's functioning, the parent responded:**

The parent indicated that Monty B's problems very often seriously affect his schoolwork or grades.  
The parent indicated that Monty B's problems often seriously affect his friendships and relationships.  
The parent indicated that Monty B's problems often seriously affect his home life.

SAMPLE