CONNERS
Comprehensive Behavior Rating Scales™

By C. Keith Conners, Ph.D.

Conners CBRS–Self-Report Assessment Report

Name/ID:	**Sherry Berry**
Age:	16 years
Gender:	Female
Birth Date:	January 15, 1991
Grade:	8
Administration Date:	December 11, 2007
Assessor Name:	
Data Entered By:	For Penny
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.

Summary of Results

Response Style Analysis

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

Summary of Elevated Scores

The following section summarizes areas of concern for Sherry Berry based on her ratings on the Conners CBRS-SR. Note that areas that are not a concern are not reported in this summary.

Conners CBRS-SR Content Scales

Sherry Berry's *T*-scores for the following Conners CBRS-SR Content scales were **very elevated** (i.e., *T*-score ≥ 70), indicating many more concerns than are typically reported: Violence Potential Indicator (*T* = 71) and Physical Symptoms (*T* = 71).

Sherry Berry's *T*-scores for the following Conners CBRS-SR Content scales were **elevated** (i.e., *T*-score = 65 to 69), indicating more concerns than are typically reported: Emotional Distress (*T* = 68) and Defiant/Aggressive Behaviors (*T* = 67).

DSM-5 Symptom Scales

Sherry Berry's Symptom Counts were ***probably met*** and the *T*-scores were **elevated or very elevated** (i.e., *T*-score ≥ 65) for the following DSM-5 Symptom scales: Major Depressive Episode (*T* = 87) and Generalized Anxiety Disorder (*T* = 73). These diagnoses should be given strong consideration.

Sherry Berry's Symptom Count was ***probably met***; however, the *T*-score was **not elevated** (i.e., *T*-score < 65) for the following DSM-5 Symptom scale: Conduct Disorder (*T* = 61). Although the absolute DSM-5 symptomatic criteria may have been met for this scale, the current presentation is not atypical for 16-year-old girls. Give careful consideration as to whether the symptoms are present in excess of developmental expectations (an important requirement of DSM-5 diagnosis).

Impairment

Sherry Berry reports that her problems seriously affect her functioning **very frequently** (rating = 3) in the academic, social and home settings.

Conners Clinical Index

Based on Sherry Berry's ratings, a clinical classification is strongly indicated (99% probability), but other clinically relevant information should also be carefully considered in the assessment process.

Other Clinical Indicators

Based on Sherry Berry's ratings to the Conners CBRS-SR, **further investigation is recommended** for the following issue(s): Bullying Victimization (rating = 1), Panic Attack (ratings: dizziness = 1, feels sick = 1, shortness of breath = 2), Autism Spectrum Disorder (ratings: inflexibility = 1, problems with peer relationships = 2, social or emotional reciprocity = 1), Substance Use (alcohol) (rating = 3), Substance Use (illicit drugs) (rating = 2) and Substance Use (tobacco) (rating = 3).

Critical Items

Based on Sherry Berry's ratings to the Self-Harm Critical Items on the Conners CBRS-SR, **immediate attention is required** for the following issue(s): self-harm (rating = 3), discouraged (rating = 3), nobody cares (rating = 2), helplessness (rating = 3), hopelessness (rating = 3) and worthlessness (rating = 3).

Based on Sherry Berry's ratings to the Severe Conduct Critical Items on the Conners CBRS-SR, **immediate attention is required** for the following issue(s): knows where to get a weapon (rating = 3).

Conners CBRS-SR Results and IDEA

Scores on the Conners CBRS-SR suggest possible consideration for IDEA 2004 eligibility in the following area(s): Autism, Emotional Disturbance and Other Health Impairment.

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–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* and *DSM-5 Update* (published by MHS) for more information.

This computerized report is an interpretive aid and should not be provided to youths 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, review of available records, 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 youth's responses to specific items to ensure that these interpretations apply.

Response Style Analysis

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

Positive Impression

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

Negative Impression

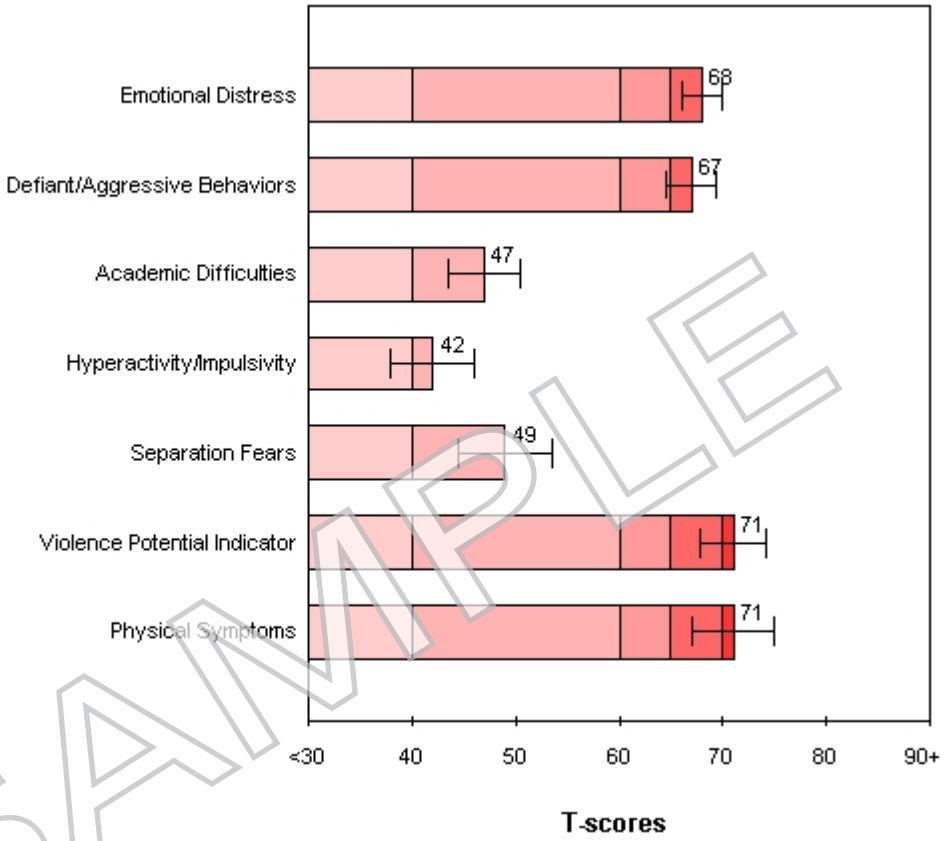
The Negative Impression score (raw score = 3) does not indicate an overly negative response style.

Inconsistency Index

The Inconsistency Index score (raw score = 6, number of differentials ≥ 2 = 0) does not indicate an inconsistent response style.

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 Sherry Berry'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.

Scale	Raw Score	*T*-score ± *SEM* (Percentile)	Guideline	Common Characteristics of High Scorers
Emotional Distress	58	68 ± 2.0 (94)	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.
Defiant/ Aggressive Behaviors	20	67 ± 2.4 (83)	Elevated Score (More concerns than are typically reported)	May have poor control of anger; may break rules; may be physically and/or verbally aggressive; may show violence, bullying, destructive tendencies; may seem uncaring.
Academic Difficulties	6	47 ± 3.5 (48)	Average Score (Typical levels of concern)	Struggles with reading, writing, spelling, and/or arithmetic. May have difficulty keeping up in school.
Hyperactivity/ Impulsivity	3	42 ± 4.0 (27)	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 difficulty waiting for his/her turn.
Separation Fears	2	49 ± 4.5 (63)	Average Score (Typical levels of concern)	Fears being separated from parents/caregivers.
Violence Potential Indicator	37	71 ± 3.2 (96)	Very Elevated Score (Many more concerns than are typically reported)	May display, or may be at risk for, aggressive behavior.
Physical Symptoms	20	71 ± 4.0 (97)	Very Elevated Score (Many more concerns than are typically reported)	May complain about aches, pains, or feeling sick. May have sleeping or eating 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–SR:

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–SR 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.

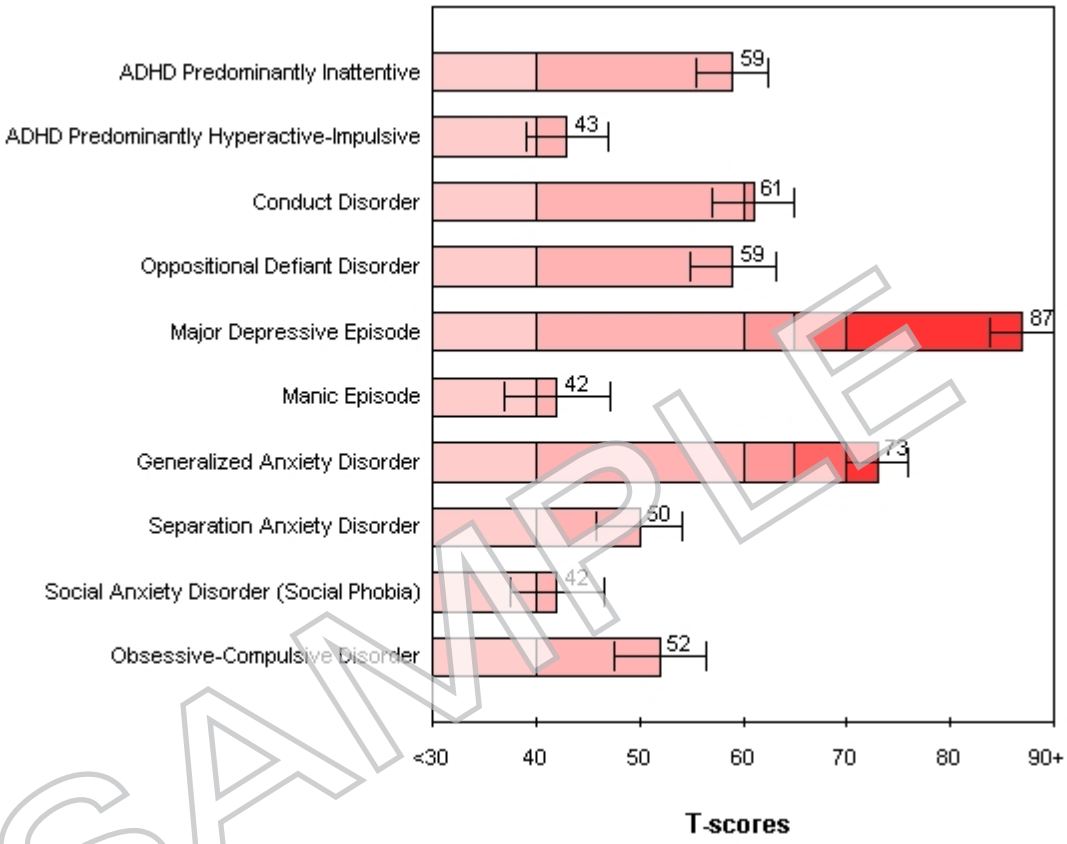
Interpretive Considerations

Results from the Conners CBRS–SR are a useful component of DSM-5 based diagnosis, but cannot be relied upon in isolation. When interpreting the Conners CBRS–SR 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–SR contains symptom-level criteria, not full diagnostic criteria, for DSM-5 diagnosis. 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–SR items are approximations of the DSM-5 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-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–SR. The assessor should refer to the DSM-5 and follow-up with the client for more information when reviewing the Conners CBRS-SR 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–SR 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 ≥ 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 ≥ 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 more information on *SEM*, see the *Conners CBRS Manual.*



DSM-5 Symptom Scales: Detailed Scores

The following table summarizes the results of Sherry Berry's self assessment with respect to the DSM-5 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.

Scale	Raw Score	*T*-score ± *SEM* (Percentile)	Guideline
ADHD Predominantly Inattentive Presentation	14	59 ± 3.5 (84)	Average Score (Typical levels of concern)
ADHD Predominantly Hyperactive-Impulsive Presentation	3	43 ± 4.0 (27)	Average Score (Typical levels of concern)
Conduct Disorder	5	61 ± 3.9 (84)	High Average Score (Slightly more concerns than are typically reported)
Oppositional Defiant Disorder	9	59 ± 4.1 (83)	Average Score (Typical levels of concern)
Major Depressive Episode	33	87 ± 3.2 (99)	Very Elevated Score (Many more concerns than are typically reported)
Manic Episode	2	42 ± 5.1 (25)	Average Score (Typical levels of concern)
Generalized Anxiety Disorder	26	73 ± 3.0 (98)	Very Elevated Score (Many more concerns than are typically reported)
Separation Anxiety Disorder	4	50 ± 4.2 (66)	Average Score (Typical levels of concern)
Social Anxiety Disorder (Social Phobia)	2	42 ± 4.5 (24)	Average Score (Typical levels of concern)
Obsessive-Compulsive Disorder	3	52 ± 4.4 (72)	Average Score (Typical levels of concern)

Note: *SEM* = Standard Error of Measurement

DSM-5 Total Symptom Counts

The following table(s) summarize the results of the DSM-5 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-5 diagnoses:

Scale	DSM-5 Symptom Count Requirements	Symptom Count as indicated by Conners CBRS–SR
Conduct Disorder‡	At least 3 out of 15 symptoms	3
Major Depressive Episode	At least 5 out of 9 symptoms including A1 or A2	8 (A1: included; A2: included)
Generalized Anxiety Disorder†	Criteria A and B; At least 1 out of 6 Criterion C symptoms	Criterion A: Indicated Criterion B: Indicated Criterion C: 4

Note(s):
The Symptom Count is probably met for Major Depressive Episode. Presence of a current Major Depressive Episode suggests consideration of Major Depressive Disorder, as well as investigation of past Manic or Hypomanic Episodes to determine if Bipolar I Disorder or Bipolar II Disorder might be appropriate.

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

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

Results from the Conners CBRS–SR 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–SR
ADHD Predominantly Inattentive (ADHD In)	At least 6 out of 9 symptoms	2
ADHD Predominantly Hyperactive-Impulsive (ADHD Hyp-Imp)	At least 6 out of 9 symptoms	0
ADHD Combined	Criteria must be met for both ADHD In and ADHD Hyp-Imp	ADHD In: 2 ADHD Hyp-Imp: 0
Oppositional Defiant Disorder	At least 4 out of 8 symptoms	3
Manic Episode‡	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 or irritable mood Not Indicated; Increased goal-directed activity Not Indicated Criterion B: 0
Separation Anxiety Disorder	At least 3 out of 8 symptoms	1
Social Anxiety Disorder (Social Phobia)	Criteria A, B, C, and D must be met	Criterion A: Not Indicated Criterion B: Not Indicated Criterion C: Not Indicated Criterion D: Not Indicated
Obsessive-Compulsive Disorder	Both Obsessions symptoms -or- Both Compulsions symptoms	Obsessions: 1 Compulsions: 0

Note(s):
‡Some criteria from this disorder are not assessed on the Conners CBRS (see the individual DSM-5 Symptom Tables for more information).

DSM-5 Symptom Tables

This section of the report provides information about how Sherry Berry rated 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.
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	Rating					Criterion Status
		0	1	2	3	?	
A1a.	81 -or- 37		✓		✓		Indicated
A1b.	101		✓				Not Indicated
A1c.	9		✓				Not Indicated
A1d.	129 -and- 103		✓ ✓				Not Indicated
A1e.	32		✓				Not Indicated
A1f.	28			✓			May be Indicated
A1g.	116		✓				Not Indicated
A1h.	65		✓				Not Indicated
A1i.	154		✓				Not Indicated

DSM-5 ADHD Predominantly Hyperactive-Impulsive Presentation

DSM-5 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	✓	✓				Not Indicated[1]
A2d.	82	✓					Not Indicated
A2e.	29 -or- 71	✓	✓				Not Indicated
A2f.	76	✓					Not Indicated
Impulsivity							
A2g.	25	✓					Not Indicated
A2h.	99	✓					Not Indicated
A2i.	17		✓				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	Rating					Criterion Status
		0	1	2	3	?	
Aggression to People and Animals							
A1.	6	✓					Not Indicated
A2.	85	✓					Not Indicated
A3.	170	✓					Not Indicated
A4.	144	✓					Not Indicated
A5.	112	✓					Not Indicated
A6.	60	✓					Not Indicated
Destruction of Property							
A8.	62	✓					Not Indicated
A9.	48	✓					Not Indicated
Deceitfulness or Theft							
A10.	87	✓					Not Indicated
A11.	96			✓			**Indicated**
A12.	43	✓					Not Indicated
Serious Violations of Rules							
A13.	162		✓				May be Indicated[1]
A14	64	✓					Not Indicated
A15.	67			✓			**Indicated[2]**

[1]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.

[2]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-5 Oppositional Defiant Disorder

DSM-5 Symptoms: Criterion A	Item Number	Rating					Criterion Status
		0	1	2	3	?	
Angry/Irritable Mood							
A1.	58			✓			May be Indicated
A2.	148		✓				Not Indicated
A3.	143			✓			**Indicated**
Argumentative/Defiant Behavior							
A4.	117			✓			**Indicated**
A5.	33R			✓			Not Indicated
A6.	134	✓					Not Indicated
A7.	88		✓				Not Indicated
Vindictiveness							
A8.	20	✓					Not Indicated

R = This item is reverse scored for score calculations.

DSM-5 Major Depressive Episode

DSM-5 Symptoms: Criterion A	Item Number	Rating					Criterion Status
		0	1	2	3	?	
A1.	115 -or- 16				✓ ✓		Indicated
A2.	93			✓			Indicated
A3.	8			✓			Indicated
A4.	125 -or- 70 -or- 158 -or- 1		✓	✓ ✓	✓		Indicated
A5.	86 -or- 26		✓	✓			Indicated
A6.	137				✓		Indicated
A7.	118 -or- 135		✓		✓		Indicated
A8.	12 -or- 147		✓ ✓				Not Indicated
A9.	146				✓		Indicated[1]

[1]In 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.

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	Rating 0	1	2	3	?	Criterion Status
A: Elevated or Irritable Mood	89*	✓					Not Indicated[1]
-and- (Increased Goal-Directed Activity)	-and- 149	✓					Not Indicated[1]
B1.	171*	✓					Not Indicated
B2.	108*	✓					Not Indicated
B3.	63*	✓					Not Indicated
B4.	27*	✓					Not Indicated
B5.	126		✓				Not Indicated
B6.	149* -and- 86	✓	✓				Not Indicated
B7.	166*	✓					Not Indicated[2]

[1]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).

[2]Criterion B7 (excessive involvement in activities that have a high potential for painful consequences) is assessed with the item, "I do things that **feel good**, no matter what bad things might happen afterwards." It is possible for an individual to be involved in high-risk activities that do not make him/her feel good. 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.

*Criteria represent manic symptoms that are used to determine the status of Major Depressive Episode, with mixed features, which requires full criteria are met for a Major Depressive Episode, and at least 3 out of 7 manic symptoms are present (i.e., "Indicated" or "May be Indicated"). Major Depressive Episode, with mixed features Criterion A1 (Not Indicated) corresponds to item 89, Criterion A2 (Not Indicated) to item 171, Criterion A3 (Not Indicated) to item 63, Criterion A4 (Not Indicated) to item 27, Criterion A5 (Not Indicated) to item 149, Criterion A6 (Not Indicated) to item 166, and Criterion A7 (Not Indicated) to item 108.

DSM-5 Generalized Anxiety Disorder

DSM-5 Symptoms: Criteria A, B and C	Item Number	Rating					Criterion Status
		0	1	2	3	?	
A.	78				✓		Indicated
B.	38			✓			Indicated
C1.	3 -or- 86		✓ ✓				Not Indicated
C2.	137 -or- 35			 ✓	✓		Indicated
C3.	113			✓			Indicated
C4.	142			✓			Indicated
C5.	13		✓				Not Indicated
C6.	10 -or- 1 -or- 70 -or- 158		 ✓	 ✓	✓ ✓		Indicated

DSM-5 Separation Anxiety Disorder

DSM-5 Symptoms: Criterion A	Item Number	Rating					Criterion Status
		0	1	2	3	?	
A1.	61		✓				Not Indicated
A2.	24		✓				Not Indicated
A3.	145	✓					Not Indicated
A4.	151	✓					Not Indicated
A5.	14 -or- 140	✓	 ✓				Not Indicated
A6.	127	✓					Not Indicated
A7.	49		✓				May be Indicated
A8.	52	✓					Not Indicated

DSM-5 Social Anxiety Disorder (Social Phobia)

DSM-5 Symptoms: Criteria A, B, C and D	Item Number	Rating 0	1	2	3	?	Criterion Status
A.	46	✓					Not Indicated[1]
B.	44 -or- 161		✓ ✓				Not Indicated
C.	46	✓					Not Indicated[1]
D.	74 -or- 84	✓ ✓					Not Indicated

[1]The youth did not indicate that she panics in front of people [see the rating to item 46, "I get panicky when I have to do things in front of other people (like answer questions or give a talk")]. 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; in children this may be expressed by crying, tantrums, freezing, clinging, shrinking, or failing to speak in social situations) focus on fear or anxiety not panic, that is caused by any social situation, not just a performance situation. Further investigation is warranted to determine if the individual has pronounced fear or anxiety in at least one social situation.

DSM-5 Obsessive-Compulsive Disorder

DSM-5 Symptoms: Criterion A	Item Number	Rating 0	1	2	3	?	Criterion Status
Obsessions							
A1.	94 -or- 31	✓		✓			Indicated
A2.	22		✓				Not Indicated
Compulsions							
A1.	54	✓					Not Indicated
A2.	119	✓					Not Indicated[1]

[1]Compulsions Criterion A2 (behaviors or mental acts aimed at preventing or reducing anxiety or distress) is assessed with the item "Doing things over and over again **helps me to feel less worried**." The DSM-5 indicates that young children may not be able to explain why they engage in compulsions. Further investigation is warranted to ensure Criterion A2 is not indicated.

Impairment

Sherry Berry'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				

Sherry Berry indicated that her problems seriously affect her schoolwork or grades very often or very frequently (score of 3).

Social				

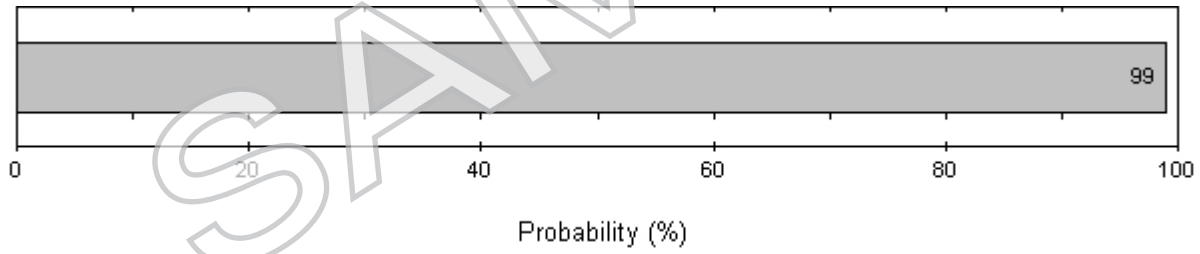
Sherry Berry indicated that her problems seriously affect her friendships and relationships very often or very frequently (score of 3).

Home				

Sherry Berry indicated that her problems seriously affect her home life very often or very frequently (score of 3).

Conners Clinical Index

The following graph presents the Conners Clinical Index score that was calculated from Sherry Berry'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 99% 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.

Other Clinical Indicators

The following table displays the results from Sherry Berry'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		✓				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	ASD: inflexibility ASD: problems with peer relations ASD: social or emotional reciprocity		✓ ✓	 ✓ 			Further investigation is recommended
98	Pica	✓					No need for further investigation is indicated
55 139	PTSD: traumatic event involving self PTSD: traumatic event involving others	✓ ✓					No need for further investigation is indicated
59	Specific Phobia	✓					No need for further investigation is indicated
168	Substance Use: alcohol				✓		Further investigation is recommended
68	Substance Use: illicit drugs			✓			Further investigation is recommended
141	Substance Use: inhalants	✓					No need for further investigation is indicated
105	Substance Use: tobacco				✓		Further investigation is recommended
95	Tics: motor	✓					No need for further investigation is indicated
21	Tics: vocal	✓					No need for further investigation is indicated
124	Trichotillomania	✓					No need for further investigation is indicated[1]

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.

ASD = Autism Spectrum Disorder, PTSD = Posttraumatic Stress Disorder
R = This item is reverse scored for score calculations.

[1]The item "I pull my hair from my scalp, eyelashes, or other places (so much that you can see **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 Sherry Berry'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 Sherry Berry'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 Sherry Berry has about herself.

Item Number	Item Content	Rating
178	Additional problems	My father is not home. My mother works all the time and doesn"t care about how I feel.
179	Strengths or skills	I love writing and short stories. I love animals.

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	✓	ED
Defiant/Aggressive Behaviors	✓	ED
Academic Difficulties		LD, S/L
Hyperactivity/Impulsivity		ED, OHI
Separation Fears		ED
Violence Potential Indicator	✓	ED
Physical Symptoms	✓	ED, OHI
DSM-5 Symptom Scales		
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

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
Other Clinical Indicators		
Bullying Perpetration		ED
Bullying Victimization	✓	ED
Panic Attack	✓	ED
Autism Spectrum Disorder	✓	Autism
Pica		Autism, ED, OHI
Posttraumatic Stress Disorder		ED
Specific Phobia		ED
Substance Use	✓	ED
Tics		OHI
Trichotillomania		ED
Critical Items		
Self-Harm	✓	ED
Severe Conduct	✓	ED

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

Item Responses

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

Child's Name: Sherry Berry

Child's Age: 16

Date of Assessment: December 11, 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?
Sherry Berry 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"). Sherry Berry'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). Sherry Berry's responses were compared with what is expected for 16-year-old girls. The scores for each group of items show how similar Sherry Berry is to her peers. This information helps the assessor know if Sherry Berry is having more difficulty in a certain area than other 16-year-old girls.

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

Sherry Berry's responses to the 179 items were combined into groups of possible problem areas. The following tables list the main topic areas covered by the Conners CBRS–Self-Report form. These scores were compared with other 16-year-old girls. This gives you information about whether Sherry Berry described typical or average levels of concern (that is, "not an area of concern") or if she described "more concerns than average" for 16-year-old girls. The tables also give you a short description of the types of difficulties that are included in each possible problem area. Sherry Berry 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 Sherry Berry 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 Sherry Berry 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
	✓	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.

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.
✓		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.

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; sadness, negative mood, low energy; 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.

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 Sherry Berry'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.

- Being the victim of bullying
- Symptoms of panic
- Alcohol use
- Illicit drug use
- Tobacco use
- Problems relating to other people
- Reluctant to try new things
- 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 Sherry Berry's functioning, she responded:

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