CONNERS-CBRS – TEACHER AND PARENT

The CBRS is a rating scale used to obtain teacher’s and parent’s observations of a student’s behavior in the home and school settings. The behavior rating scale asks raters to describe behaviors over the past month; therefore, providing current presentation rather than a historical or lifetime perspective on functioning. This form was completed by STUDENT’s classroom teachers, Ms. TEACHER (math), Ms. TEACHER (science/social studies), and Ms. TEACHER (ELA/reading). Scores are reported as T-scores with a mean of 50 and standard deviation of 10. Scores below 40 are considered Low, between 40 and 59 are considered Average, between 60 and 64 are High Average, 65 and 69 are elevated, and 70 and above are Very Elevated. The results are provided in the table below:

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| **Scale** | **Teacher 1** | **Teacher 2** | **Teacher 3** |
| **CONTENT SCALES** |  |  |  |
| Emotional Distress (ED): Total | **84 – Very Elevated** | **79 – Very Elevated** | **84 – Very Elevated** |
| Upsetting Thoughts/Physical Symptoms (ED) | 54 – Average | **72 – Very Elevated** | **81 – Very Elevated** |
| Separation Fears (ED) | **68 – Elevated** | 45 – Average | **80 – Very Elevated** |
| Social Anxiety (ED) | **90 – Very Elevated** | **90 – Very Elevated** | **75 – Very Elevated** |
| Defiant/Aggressive Behaviors | **72 – Very Elevated** | 56 – Average | **68 – Elevated** |
| Academic Difficulties (AD): Total | 50 – Average | 59 – Average | 53 – Average |
| Language (AD) | 50 – Average | **64 – High Average** | 56 – Average |
| Math (AD) | 46 – Average | 43 – Average | 43 – Average |
| Hyperactivity | **72 – Very Elevated** | **90 – Very Elevated** | **90 – Very Elevated** |
| Social Problems | **90 – Very Elevated** | **90 – Very Elevated** | **67 – Elevated** |
| Perfectionistic and Compulsive Behaviors | **73 – Very Elevated** | **90 – Very Elevated** | **67 – Elevated** |
| Violence Potential Indicator | 58 – Average | 48 – Average | 50 – Average |
| Physical Symptoms | 46 – Average | 46 – Average | **90 – Very Elevated** |
| **SYMPTOM SCALES** |  |  |  |
| ADHD Predominantly Inattentive | **90 – Very Elevated** | **90 – Very Elevated** | **73 – Very Elevated** |
| ADHD Predominantly Hyperactive-Impulsive | 59 – Average | **76 – Very Elevated** | 54 – Average |
| Conduct Disorder | 46 – Average | 46 – Average | **66 – Elevated** |
| Oppositional Defiant Disorder | **90 – Very Elevated** | **61 – High Average** | **67 – Elevated** |
| Major Depressive Episode | **88 – Very Elevated** | **90 – Very Elevated** | **67 – Elevated** |
| Manic Episode | **90 – Very Elevated** | **79 – Very Elevated** | **62 – High Average** |
| Generalized Anxiety Disorder | **88 – Very Elevated** | **84 – Very Elevated** | **71 – Very Elevated** |
| Separation Anxiety Disorder | **69 – Elevated** | 45 – Average | **81 – Very Elevated** |
| Social Anxiety Disorder (Social Phobia) | **90 – Very Elevated** | **90 – Very Elevated** | **83 – Very Elevated** |
| Obsessive-Compulsive Disorder | 46 – Average | **72 – Very Elevated** | **72 – Very Elevated** |
| Autism Spectrum Disorder | **90 – Very Elevated** | **90 – Very Elevated** | **87 – Very Elevated** |
| **CONNERS CLINICAL INDEX** | 80% | 85% | 52% |

***Teacher 1: (math), Teacher 2: (science/social studies), Teacher 3: (ELA/Reading)***

The CBRS also provides Validity Scales, which assess the respondent’s tendency to be excessively positive, negative, or inconsistent in responding. Results of the validity scales indicate that STUDENT’s teachers did not respond in an overly positive or inconsistent response pattern; however, two of her teachers had a possible negative response style according to their score on the Negative Impression Index. This suggests that their scores may present a less favorable impression than is warranted; however, it may also be reflective of significant areas of concern. Their results should be interpreted with caution keeping this in mind.  
  
All three teachers endorsed elevated concerns on the following content scales: Emotional Distress, Social Anxiety, Hyperactivity, Social Problems, and Perfectionistic and Compulsive Behaviors. Two out of the three teachers endorsed elevated concerns on the following content scales: Upsetting Thoughts/Physical Symptoms, Separation Fears, and Defiant/Aggressive Behaviors. Teacher 3 rated the Physical Symptoms scale in the Very Elevated range, while it was rated as average by the other two teachers. Specifically, she indicated that STUDENT occasionally complains of headaches, stomachaches, aches and pains, or claims to be sick even when nothing is medically wrong. These were rated as “never” by the other two teachers.  
  
The symptom scales are utilized to assess for symptoms related to a variety of diagnostic conditions; however, elevations on specific scales are not necessarily indicative of the presence of that diagnosis for the individual. Rather, symptom level criteria indicated on these scales must be considered in conjunction with a variety of other data before determining diagnostic impressions. All three teachers indicated elevations on the following symptom scales: ADHD Predominantly Inattentive Presentation, Oppositional Defiant Disorder, Major Depressive Episode, Manic Episode, Generalized Anxiety Disorder, Social Anxiety Disorder (Social Phobia), and Autism Spectrum Disorder. Two out of three teachers indicated Very Elevated on the Obsessive-Compulsive Disorder and Separation Anxiety Disorder scales. Only one of three teachers indicated elevations on the ADHD Predominantly Hyperactive-Impulsive Presentation scale and the Conduct Disorder Scale.  
  
The Conner’s Clinical Index is calculated from 24 items that were statistically selected as the best items for distinguishing youth with a clinical diagnosis from youth in the general population. Teacher 1 received a probability score of 80%, which indicates that individuals in the standardization sample with a clinical diagnosis obtained the same score 85% of the time. Based on this metric, a clinical classification is indicated. Teacher 2 obtained a probability score of 85, which suggests that a clinical classification is strongly indicated. Teacher 3 obtained a probability score of 52, which falls in the borderline range, but the score is more common for clinical cases than for the general population sample.  
  
Specifically, all of STUDENT’s teachers indicated that she avoids social situations or becomes distressed when required to participate, takes a long time to complete classwork, fidgets and squirms in seat, does not share feelings or interests with others, does not show interest in others or what they are doing, shows less emotion than what is appropriate for the situation, does not offer help or sympathy if someone is upset or hurt, is unable to develop peer relationships, does not appear to desire friendships, does not show good social skills when comfortable with someone, does not show emotions on her face, seems to be in her own world and avoids interacting with others, spends too much time arranging and organizing materials before beginning a task, has trouble keeping her mind on play or work for long, does not follow through on instructions, avoids or dislikes things that take a lot of effort and are not fun, fidgets or squirms in seat, and has trouble concentrating.  
  
Two out of three teachers reported that STUDENT cries, throws tantrums, avoids, or freezes in social situations with unfamiliar people; avoids or becomes distressed about doing things in front of people, becomes very anxious when she has to perform in front of others, needs extra explanation of instructions, has trouble finding the right words, does not give enough detail when answering questions, does not put written sentences together well, has trouble keeping up a conversation, has trouble starting a conversation or keeping a conversation going, does not pay attention to details, makes careless mistakes, does not seem to listen to what is being said to her, fails to complete schoolwork, has difficulty organizing tasks or activities, is easily distracted by sights or sounds, attention too easily drawn to unimportant or irrelevant things, has limited interests or gets stuck on one thing, has to struggle to complete hard tasks, is difficult to please or amuse, and cannot figure out what makes her happy.  
  
Only one out of three teachers reported that STUDENT has lost interest or pleasure in activities; fears being embarrassed or humiliated in front of peers; seems tired; has low energy; is sad, gloomy, or irritable for many days at a time; loses temper; has trouble controlling her anger; actively refuses to do what adults tell her to do; is irritable and easily annoyed by others; excludes others from group activities on purpose; lies to avoid having to do something or to get things; has trouble answering questions about what she reads; has trouble understanding what she reads; has trouble understanding information that she hears (needs to see to understand); has trouble combining words into phrases or sentences; is constantly moving; runs or climbs when she is not supposed to; leaves seat when she should stay seated; is restless and overactive; has rituals or routines and gets unusually upset if these are interrupted or changed; keeps checking things over and over; does things over and over again; loses things; is forgetful in daily activities; talks too much; is agitated in the restless sense; becomes irritable with anxious; panics about social situations or when doing things in front of people; makes sudden facial or body twitches; repeats body movements over and over; and is over-focused or over-interested in one part of an object or toy.  
  
The CBRS consists of two open-ended items. On the first item, raters are asked to list any additional concerns. Teacher 1 did not list any additional concerns. Teacher 2 stated, “STUDENT does not seem happy, or interested in the activities in the classroom. She requires multiple reminders to participate or engage. She never talks, and has limited interactions with her peers.” Teacher 3 wrote, “Mostly social concerns and how she picks and chooses what she wants to do. She has a hard time to maintain focus and complete tasks on most days, especially written tasks. She does avoid social interaction in most cases.”   The second item asks them to list the student's strengths or skills. Teacher 1 wrote, “Academically strong. Able to demonstrate understanding of math concepts.” Teacher 2 left this item blank. Teacher 3 stated, “She does have a lot of knowledge and is able to read on grade level. She does work hard when she wants to and for short periods of time.”

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| **Scale** | **Score** | **Descriptor** |
| **CONTENT SCALES** |  |  |
| Emotional Distress (ED): Total | **90** | **Very Elevated** |
| Upsetting Thoughts (ED) | **90** | **Very Elevated** |
| Worrying (ED) | **75** | **Very Elevated** |
| Social Problems (ED) | **90** | **Very Elevated** |
| Defiant/Aggressive Behaviors | 52 | Average |
| Academic Difficulties (AD): Total | 47 | Average |
| Language (AD) | 43 | Average |
| Math (AD) | 48 | Average |
| Hyperactivity/Impulsivity | **90** | **Very Elevated** |
| Separation Fears | **89** | **Very Elevated** |
| Perfectionistic and Compulsive Behaviors | **84** | **Very Elevated** |
| Violence Potential Indicator | 55 | Average |
| Physical Symptoms | 49 | Average |
| **SYMPTOM SCALES** |  |  |
| ADHD Predominantly Inattentive | **83** | **Very Elevated** |
| ADHD Predominantly Hyperactive-Impulsive | **90** | **Very Elevated** |
| Conduct Disorder | 49 | Average |
| Oppositional Defiant Disorder | 54 | Average |
| Major Depressive Episode | **74** | **Very Elevated** |
| Manic Episode | **69** | **Elevated** |
| Generalized Anxiety Disorder | **82** | **Very Elevated** |
| Separation Anxiety Disorder | **90** | **Very Elevated** |
| Social Anxiety Disorder (Social Phobia) | **83** | **Very Elevated** |
| Obsessive-Compulsive Disorder | **90** | **Very Elevated** |
| Autism Spectrum Disorder | **90** | **Very Elevated** |

The CBRS was also completed by STUDENT’s mother. Scores are reported as T-scores with a mean of 50 and standard deviation of 10. Scores below 40 are considered Low, between 40 and 59 are considered Average, between 60 and 64 are High Average, 65 and 69 are elevated, and 70 and above are Very Elevated. The results are provided in the table below:

The CBRS also provides Validity Scales, which assess the respondent’s tendency to be excessively positive, negative, or inconsistent in responding. Results of the validity scales indicate that STUDENT’s mother did not respond in an overly positive, negative, or inconsistent response pattern; therefore, her results are considered valid.

Mrs. PARENT rated the following Content Scales in the Very Elevated range: Emotional Distress Total, Upsetting Thoughts, Worrying, Social Problems, Hyperactivity/Impulsivity, Separation Fears, and Perfectionistic and Compulsive Behaviors. All other content scales fell in the Average range. These results suggest that STUDENT may have upsetting thoughts, get stuck on ideas or rituals, show signs of depression, worry a lot, be socially awkward or shy, seem socially isolated, have limited conversational skills, have high activity levels, be restless, have difficulty being quiet, have problems with impulse control, have trouble waiting, fear being separated from caregivers, be rigid or inflexible, or become “stuck” on a behavior or idea.

The symptom scales are utilized to assess for symptoms related to a variety of diagnostic conditions; however, elevations on specific scales are not necessarily indicative of the presence of that diagnosis for the individual. Rather, symptom level criteria indicated on these scales must be considered in conjunction with a variety of other data before determining diagnostic impressions. Mrs. PARENT rated the following scales in the Very Elevated range: ADHD Predominantly Inattentive Presentation, ADHD Predominately Hyperactive-Impulsive Presentation, Major Depressive Episode, Generalized Anxiety Disorder, Separation Anxiety Disorder, Social Anxiety Disorder (Social Phobia), Obsessive-Compulsive Disorder, and Autism Spectrum Disorder. The Manic Episode scale fell in the Elevated range.

The Conner’s Clinical Index is calculated from 24 items that were statistically selected as the best items for distinguishing youth with a clinical diagnosis from youth in the general population. Mrs. PARENT received a probability score of 89%, which indicates that individuals in the standardization sample with a clinical diagnosis obtained the same score 89% of the time. Based on this metric, a clinical classification is strongly indicated.

Specifically, STUDENT very often has limited interests or gets stuck on one thing, is constantly moving, is restless or overactive, talks too much, fidgets or squirms in her seat, is noisy and loud when playing or using free time, is afraid of being alone without family or other familiar adults, is afraid of being alone, worries about getting lost or kidnapped, does not seem to listen to what is being said to her, is easily distracted by sights and sounds, has periods of fast non-stop speech, and has unusual use of language (e.g., repeats things, sounds like a robot or little professor, uses a high-pitched voice, or uses made-up words).

STUDENT often panics about social situations or when doing things in front of people, appears nervous or jumpy, gets stuck on thoughts or mental pictures that are upsetting and she tries to make go away, avoids social situations or becomes distressed when required to participate, creates thoughts or pictures that get stuck in her mind, worries about what others think of her, worries about many things, worries about things before they happen, has a lot of fears, is unable to develop peer relationships, prefers to be left alone rather than being with other people, is socially awkward, has trouble starting a conversation or keeping a conversation going, doesn’t care about the feelings or rights of others, leaves seat when she should stay seated, runs or climbs when she is not supposed to, interrupts others, acts as if driven by a motor, worries about something bad happening to family members, is worried or distressed about being separated from caregivers, refuses to do things if they cannot be done perfectly, has rituals or routines and gets unusually upset if these are interrupted or changed, seems over-focused on details, insists that things must be done the same way, has trouble controlling her anger, wakes up too early, does not pay attention to details, makes careless mistakes, has trouble keeping her mind on work or play for long, does not follow through on instructions, fails to complete schoolwork or tasks, has trouble organizing tasks, is forgetful, blames others for her mistakes or misbehaviors, has lost the ability to think/concentrate/make decisions, has attention too easily drawn to unimportant or irrelevant things, has trouble concentrating, becomes irritable when anxious, is afraid of one or more specific objects or situations, makes sudden facial or body twitches, has to struggle to complete hard tasks, and cries, throws tantrums, avoids, or freezes in social situations with unfamiliar people.

STUDENT very often shares her feelings, interests and achievements with others, is often fun to be around, and often has a happy and positive attitude. However, she does not recognize or react appropriately to other people’s mood or feelings, is unable to develop peer relationships, lacks varied and spontaneous make-believe play, and repeats body movements over and over. She only occasionally shows interest in other people or what they are doing, and uses facial expressions, eye contact, or hand gestures appropriately.