MHS
Beyond Assessments

Comprehensive evaluations lead to improved outcomes

Discover MHS' wide range of clinical assessments designed to help youth and adults reach their full potential by providing a comprehensive picture of their needs.

See the
whole
picture

Using standardized assessments to measure and observe a patient's behavior to arrive at a diagnosis and guide treatment is the gold standard of evidence-based care.

Agreement across multiple sources of information, alongside investigation of discrepancies, enables comprehensive understanding of the individual being assessed, ultimately leading to more accurate and appropriate clinical conclusions (e.g., diagnosis, recommendations for treatment planning, monitoring progress, or evaluating treatment effectiveness).

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Fewer than
20%

of mental and behavioral health providers actively use measurement-based care in their practice

While clinicians report generally positive attitudes toward measurement-based care, routine collection of standardized diagnostic and progress measures remains uncommon. Recent research indicates that fewer than 20% of mental and behavioral health providers actively use measurement-based care in their practice[1].

How can MHS assessments work together to provide a clearer picture?

"*I have received a referral for a youth who is having stomach aches and headaches, and they generally don't feel well, but physical causes have been ruled out.*"

In youth, anxiety symptoms can manifest as trouble sleeping, as well as physical symptoms like fatigue, headaches, or stomach aches. Depression can show up as changes in energy: appearing tired and sluggish, or tense and restless a lot of the time.

5.8 million
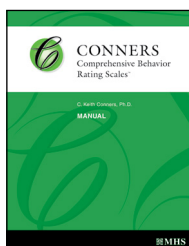youth aged 3–17 years were diagnosed with **anxiety** from 2016 to 2019.

2.7 million
youth aged 3–17 years were diagnosed with **depression** from 2016 to 2019.

According to estimates provided by the Centers for Disease Control and Prevention (CDC)

Recommended Assessments
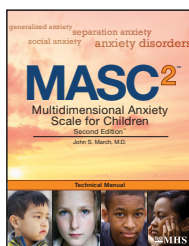
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Conners Comprehensive Behavior Rating Scales™ (Conners CBRS®)

- Provides a complete overview of concerns and disorders. It is a multi-informant, broadband assessment of youth aged 6 to 18 years, across multiple settings, with rating forms for parents, teachers, and youth self-report (ages 8 to 18).

- Offers a wealth of information with scores for Content Scales, DSM-5 Symptom Scales, Other Clinical Indicators, Critical Items, and Impairment Items, along with metrics to assess response style.
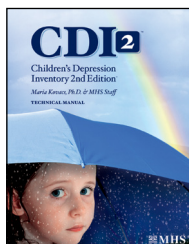
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Multidimensional Anxiety Scale for Children 2nd Edition™ (MASC 2™)

- A comprehensive multi-rater assessment of anxiety dimensions in youth aged 8 to 19 years. It distinguishes between important anxiety symptoms and dimensions that broadband measures do not capture.

- By indexing the range and severity of anxiety symptoms, the MASC 2 aids in early identification, diagnosis, treatment planning, and monitoring for anxiety-prone youth.

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Children's Depression Inventory 2™ (CDI 2®)

- A comprehensive multi-rater assessment of depressive symptoms in youth aged 7 to 17 years.

- When results from the CDI 2 are combined with other sources of information, the CDI 2 can aid in early identification of depressive symptoms, diagnosis of depression and related disorders, and monitoring of treatment effectiveness.

> *"I have a patient who has been referred because they have trouble keeping their temper under control and are very easily set off. At school, this youth tends to throw things, make physical contact, and overall displays disruptive behavior both in and outside the home."*

Multiple factors can contribute to a youth's struggles with anger, irritability, and aggression (behavior that can cause harm to oneself or another). While problematic, anger is not a psychiatric diagnosis; it is commonly part of a more complex clinical presentation.
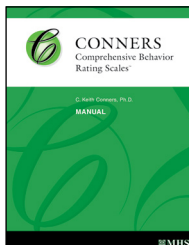
Nearly
2/3
U.S. adolescents have experienced an outburst that involved threatening violence, destroying property, or engaging in violence toward others at some point in their lives[2].

# Recommended Assessments

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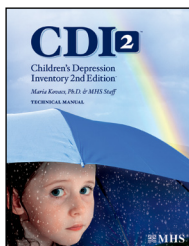

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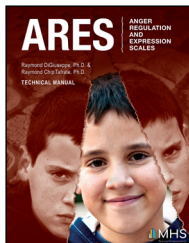
Anger Regulation and Expression Scales (ARES)

- A comprehensive, self-report assessment of the expression and regulation of anger in youth. Derived from the Anger Disorder Scale (ADS™), the ARES has been designed specifically for children and adolescents aged 10 to 17 years.

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> ## "I have an adult patient who has had a traumatic brain injury (TBI), and I'm monitoring their functioning."

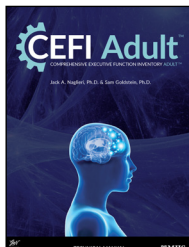Changes in cognitive functioning often result from TBI and predict other important aspects of psychosocial recovery.

65%

of moderate to severe TBI patients report long-term problems with cognitive functioning[3].

Recommended Assessments

Comprehensive Executive Function Inventory Adult (CEFI™ Adult)

- A comprehensive assessment of executive function strengths and weaknesses for adults aged 18 and older that delivers highly accurate results based on extensive norming.
- Intended to be used by professionals in clinical, educational, and research settings, this measure is ideal for assessing individuals with traumatic brain injuries (TBI), Alzheimer's, Dementia, or attention deficit hyperactivity disorder (ADHD).

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Conners Continuous Performance Test™ 3rd Edition Online (Conners CPT™ 3 Online)

- This visual test measures attention-related problems in individuals 8 years and older. By indexing the respondent's performance in areas of inattentiveness, impulsivity, sustained attention, and vigilance, the Conners CPT 3 Online can aid in assessing ADHD and other neurological conditions related to attention.
- The Conners CPT 3 Online provides objective information about an individual's performance on a visual attention task.

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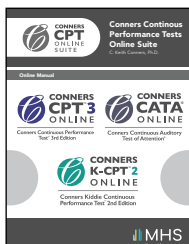
Conners Continuous Auditory Test of Attention® Online (Conners CATA® Online)

- This auditory test measures a respondent's (ages 8 years and older) performance in areas of inattentiveness, impulsivity, and sustained attention, making it a valuable tool for evaluating attention disorders and neurological functioning.
- The Conners CATA Online provides objective information about an individual's performance on an auditory attention task.
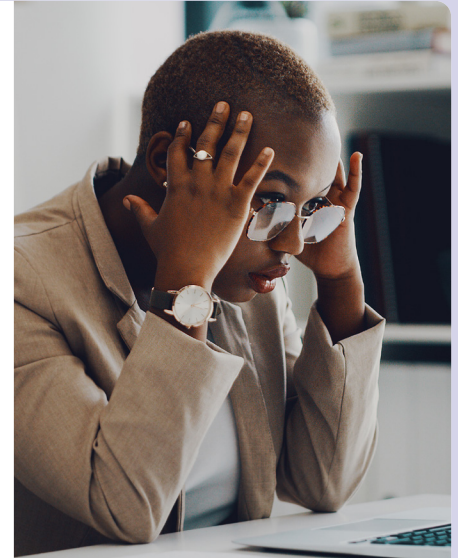
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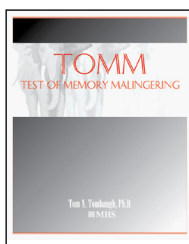
Test of Memory Malingering™ (TOMM™)

- A visual recognition test designed to help distinguish between malingered and true memory impairments for use with adults aged 17 to 73 years. Research has found the TOMM to be sensitive to malingering and insensitive to a wide variety of neurological impairments, which makes it a valid measure with high utility for evaluating patient behavior.

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> *"A patient is seeking an ADHD evaluation. They mentioned struggling at work/school lately, but I need to be certain about the presence of symptoms."*

Feigning ADHD symptoms can be a means of acquiring prescription medication for non-medical purposes or potentially obtaining access to services or exceptions. A comprehensive assessment of ADHD should employ multiple methodologies, including a structured clinical interview, medical examination, self-report rating scales, ratings from other raters, structured attention tasks, and structured impulsivity tasks.
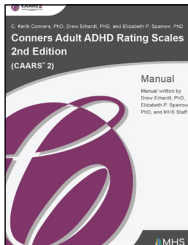
15-50%

Feigning symptoms of ADHD has been found to occur in approximately 15–50% of adult ADHD evaluations[4].

Recommended Assessments

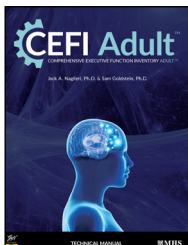## For Adults

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Conners Adult ADHD Rating Scales 2nd Edition (CAARS™ 2)

- A highly relevant and comprehensive multi-informant assessment of ADHD symptoms and associated clinical concerns for adults. The CAARS 2, in conjunction with other sources of information, aids in the diagnostic process, treatment evaluation, and monitoring of ADHD.

- This new edition provides updated, expanded, and reconceptualized scales and new scales to cover core symptoms of ADHD and its associated clinical concerns.

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Comprehensive Executive Function Inventory Adult (CEFI™ Adult)

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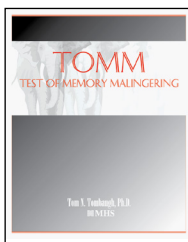
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For Adults and Youth

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- The Conners CATA Online provides objective information about an individual's performance in auditory attention tasks.
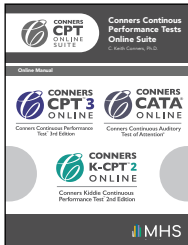
Conners Continuous Performance Test™ 3rd Edition Online (Conners CPT™ 3 Online)

- This visual test measures attention-related problems in individuals 8 years and older. By indexing the respondent's performance in areas of inattentiveness, impulsivity, sustained attention, and vigilance, the Conners CPT 3 Online can aid in assessing ADHD and other neurological conditions related to attention.

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For Youth
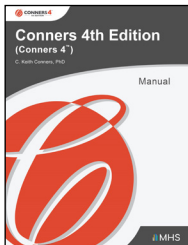
Conners 4th Edition (Conners 4®)

- This multi-informant assessment provides an assessment of symptoms and impairments associated with ADHD and common co-occurring problems and disorders in youth aged 6 to 18 years.

- The Conners 4 demonstrates inclusivity and fairness that builds on the long history and strengths of the multi-informant Conners Rating Scales.

Pediatric Performance Validity Test Suite™ (PdPVTS™)

- A digital suite of performance validity tests designed to assess whether a youth's performance on cognitive tests reflects their maximum ability, offering quick and flexible administration to determine the validity of test scores in less than 5 minutes. Made for youth aged 5 to 18 years for the four visual tests and youth aged 7 to 18 years for the verbal test.

- Ensure that the youth's cognitive test scores accurately reflect their maximum potential, taking into account language barriers that may affect performance interpretation.

> *"I have a patient who has been referred to me for an evaluation of autism spectrum disorder (ASD). Their parents describe that their child seems to be struggling with social situations and is displaying repetitive behavior. The patient describes that they often feel anxious or upset and don't understand why."*

Current treatments for ASD seek to reduce symptoms that interfere with daily functioning and quality of life. This disorder affects each person differently, meaning that people with ASD have unique strengths and challenges and unique treatment needs.

1 in 36

children have been identified with ASD according to estimates from CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network in 2020[5].

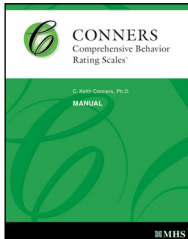# Recommended Assessments

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Autism Spectrum Rating Scales™ (ASRS®)

- A multi-informant measure designed to identify symptoms, behaviors, and associated features of autism spectrum disorder (ASD) in youth aged 2 to 18 years.
- The ASRS assists in the diagnostic process, guides the development of intervention and treatment strategies, and monitors the response to intervention and treatment effectiveness.
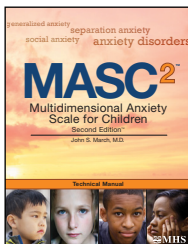
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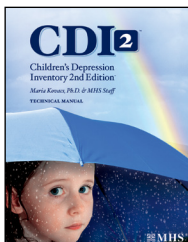
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> ❝ *"A 4-year-old has been brought in by his parents for evaluation due to ongoing behavioral difficulties, including tantrums and impulsivity, and has trouble getting along with his peers and listening to instructions, according to the preschool teachers."*

Disruptive behavior in preschoolers can signal underlying neurodevelopmental or mental health issues, and while occasional noncompliance and tantrums are typical, persistent disruptive behavior with functional impairment warrants early intervention for improved outcomes.
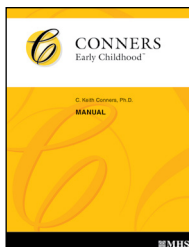
9-15 %

Disruptive behavior problems, such as severe temper tantrums, aggression, and pervasive noncompliance, affect an estimated 9 to 15% of preschool-aged children[6].

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Conners Early Childhood™ (Conners EC™)

- An innovative psychological instrument designed to assess the concerns of parents, teachers, and childcare providers about youth aged 2 to 6 years, the Conners EC aids in the early identification of behavioral, social, and emotional problems.

- It also measures whether a child is appropriately meeting major developmental milestones (Adaptive Skills, Communication, Motor Skills, Play, and Pre-Academic/Cognitive).

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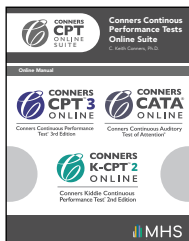
Conners Kiddie Continuous Performance Test™ 2nd Edition Online (Conners K-CPT™ 2 Online)

- Used to evaluate attention-related issues in youth aged 4 to 7 years. It is designed to assess various aspects of attention, including sustained attention, impulsivity, and vigilance.

- The Conners K-CPT 2 Online is often used as part of a comprehensive assessment battery to diagnose conditions such as attention deficit hyperactivity disorder (ADHD) and to guide treatment planning.

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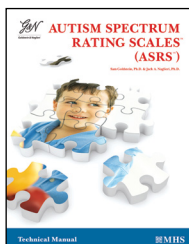
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References

1. Pannucci, C. J., Wilkins, E. G., & Ng, T. M. (2019). The gold standard of evidence-based practice. *Plastic and Reconstructive Surgery - Global Open*, *7*(6), e2257. https://doi.org/10.1097/GOX.0000000000002257

2. Harvard Medical School. (n.d.). *Uncontrollable anger prevalent among youth*. Retrieved from https://hms.harvard.edu/news/uncontrollable-anger-prevalent-among-youth

3. Brodsky, C. M. (2013). Impulsive aggression: A behavioral disorder distinct from instrumental aggression? *The Psychiatric Quarterly, 84*(3), 327–332. https://doi.org/10.1007/s11126-013-9267-5

4. Jeram Patel, G. R. (2023). Feigning ADHD: A necessary exploration of an uncomfortable topic. *Journal of the New Zealand College of Clinical Psychologists, 33*(1), 61–71. https://jnzccp.scholasticahq.com/article/81054-feigning-adhd-a-necessary-exploration-of-an-uncomfortable-topic

5. Centers for Disease Control and Prevention. (n.d.). *Data and statistics on autism spectrum disorder*. Retrieved from https://www.cdc.gov/ncbddd/autism/data.html

6. Canadian Paediatric Society. (2018). *Position statement: Managing disruptive behaviour disorders in children and youth*. Retrieved from https://cps.ca/documents/position/disruptive-behaviour

Rating scales should not be used as the sole basis for making a diagnosis or educational eligibility decision.

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