CONNERS 4®

4th EDITION



SEE BEYOND

with the highly anticipated revision of the world's leading **ADHD** assessment.

A REVISION OF THE LEADING ASSESSMENT OF **ADHD & COMORBID DISORDERS** IN CHILDREN AND YOUTH AGED 6 TO 18.

DEVELOPED BY

MHS

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SCAN ME

About the **Conners 4**®

Get ready for the latest addition to the Conners suite of assessments, the Conners 4th Edition (Conners 4®). Conners 4 is the highly anticipated revision of Conners 3rd Edition (Conners 3®), the world's leading Attention-Deficit/Hyperactivity Disorder (ADHD) assessment. This newest edition builds on the long history and strengths of the multi-informant Conners Rating Scales and provides a thorough assessment of symptoms and impairments associated with ADHD, as well as common co-occurring problems and disorders, in youth aged 6 to 18 years.

QUICK REFERENCE

Age Range:
Parent and Teacher: 6–18 years
Self-Report: 8–18 years

Form Types & Admin. Time:
Conners 4: 12–15 min.
Conners 4–Short: 5–7 min.
Conners 4–ADHD Index: 1–1.5 min.

Formats:
Administer and score online
Print paper forms & score online

Device Type:
Computer/laptop, tablet, & mobile devices

Languages :
English (U.S.)
Spanish (U.S.)
French (CDN)

Average Reading Level:
Parent: 5th grade
Teacher: 5th grade
Self-Report: 3rd grade

Qualification Level:
B-level

NEW FEATURES

IMPROVED EFFICIENCY AND USABILITY

- Conners 4 is fully digital to help you save time and improve efficiency with customizable reports, a digital manual, online scoring and reporting, easy inventory management, and printable forms

INCREASED ACCURACY OF ASSESSMENT

- Provide a more comprehensive picture of how a rater approached completing the Conners 4 using the Response Style Analysis that includes new and updated validity scales, the number of omitted items, and the average number of items completed per minute (pace)
- Address critical concerns with Severe Conduct and Self-Harm Critical Items (these sensitive content can be excluded from the test by disabling either or both critical item sets from the MHS Online Assessment Center+)
- Flag for concerns with sleep through a Sleep Problems Indicator and further examine using PROMIS (Sleep Related Disturbance Form 8a & Sleep Related Impairment Short Form 8a), sleep measures provided for free for Conners 4 users through MHS Online Assessment Center+
- Measure impairments related to ADHD symptoms in the school, social, and family domains
- Evaluate new content areas and common co-occurring problems such as Emotional Dysregulation, Depressed Mood, and Anxious Thoughts
- Apply a dimensional approach to ADHD assessment with an additional DSM Symptoms Scale–Total ADHD Symptoms

SUPERIOR QUANTIFICATION OF SEVERITY

- Evaluate severity of symptoms and level of impairment due to symptoms by comparing the youth's results to an ADHD Reference Sample (youth already diagnosed with ADHD)

ENHANCED COLLABORATION AMONG STAKEHOLDERS

- Facilitate collaboration with parents using the enhanced Parent Feedback Handout (easy-to-understand explanation and summary of results)

INCREASED FAIRNESS AND INCLUSIVITY

- Increased fairness and inclusivity with gender-inclusive language, culturally sensitive items, and items and scales that show no evidence of measurement bias with regard to gender, race/ethnicity, country of residence, or parental education level

MORE INFORMED INTERVENTION

- Evaluate a youth's relative strengths and weaknesses using Within-Profile Comparisons

EASIER ADMINISTRATION

- Take the guesswork out of your inventory management with a new way to order Conners 4 uses
- Purchase a general Conners 4 use and apply it across any Conners 4 form while generating reports

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What is **ADHD?**

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder with hallmark features that include a persistent pattern of inattention, hyperactivity, and impulsivity. It is often associated with other cognitive, social, and emotional impairments, including difficulties in executive functioning, problems with emotion regulation, disruptive and aggressive behavior, impairments in school, and adverse family and peer relationships. It is one of the most common childhood mental health disorders. Left untreated, ADHD can lead to impaired social and emotional development and difficulty at school, home, and interactions with others. Diagnostic guidelines require that ADHD be assessed and diagnosed using information obtained from multiple sources (e.g., parents, teachers, clinicians, youth themselves) and that the evaluation process must not rely solely on one method, but rather on a variety of methods that include clinical interviews, observations, performance tests, and rating scales.

What is the **Conners 4?**

The Conners 4th Edition (Conners 4®) is the product of over 50 years of research on childhood and adolescent psychopathology. It was designed to measure symptoms of and impairments associated with ADHD, as well as common co-occurring problems and disorders in youth aged 6 to 18 years. Like its predecessor, the Conners 4 has been designed to gather information from multiple sources, including one or more parents/guardians (using the Conners 4 Parent form), one or more teachers (using the Conners 4 Teacher form), and the youth themselves (using the Conners 4 Self-Report). Wherever possible, the scales across all rater forms are aligned with each other to facilitate the comparison of information across informants.

The Conners 4 has been developed to have strong psychometric qualities and to provide meaningful data to support multiple uses. Data from the Conners 4 can be used for preliminary screening purposes or to aid in clinical decision-making, whether making decisions about diagnoses and educational eligibility, or conducting intervention and treatment planning and monitoring. Like the Conners 3, the Conners 4 is well suited for research purposes and can be used as a trusted primary or secondary outcome measure in clinical trials.

In order to help tailor your assessment needs to both your practice and the youth in your care, the Conners 4 is available in several forms. In addition to the full-length forms, the Conners 4 also has Short forms, and a 12-item ADHD Index. The shortened forms are useful when administration of the full-length version is not possible or practical (e.g., due to limited time or when multiple administrations over time are desired).

Table 1.1. Structure and Content of Conners 4 Parent, Teacher, and Self-Report Forms

		Conners 4	Conners 4–Short	Conners 4–ADHD Index
Number of Items	Parent	117	53	12
	Teacher	109	49	12
	Self-Report	118	51	12
Critical & Indicator Items	Severe Conduct Critical Items	✓		
	Self-Harm Critical Items	✓		
	Sleep Problems Indicator	✓		
Content Scales	Inattention/Executive Dysfunction	✓	✓	
	Hyperactivity	✓	✓	
	Impulsivity	✓	✓	
	Emotional Dysregulation	✓	✓	
	Depressed Mood	✓		
	Anxious Thoughts	✓		
Impairment & Functional Outcome Scales	Schoolwork	✓	✓	
	Peer Interactions	✓	✓	
	Family Life (*Parent and Self-Report only*)	✓	✓	
DSM Symptom Scales	ADHD Inattentive Symptoms	✓		
	ADHD Hyperactive/Impulsive Symptoms	✓		
	Total ADHD Symptoms	✓		
	Oppositional Defiant Disorder Symptoms	✓		
	Conduct Disorder Symptoms	✓		
Conners 4–ADHD Index	Conners 4–ADHD Index	✓	✓	✓
Additional Questions	Impact of Symptoms in Functional Domains	✓	✓	
	Other Concerns	✓	✓	
	Strengths/Skills	✓	✓	

Note: The Conners 4–ADHD Index standalone form only includes the Conners 4–ADHD Index.



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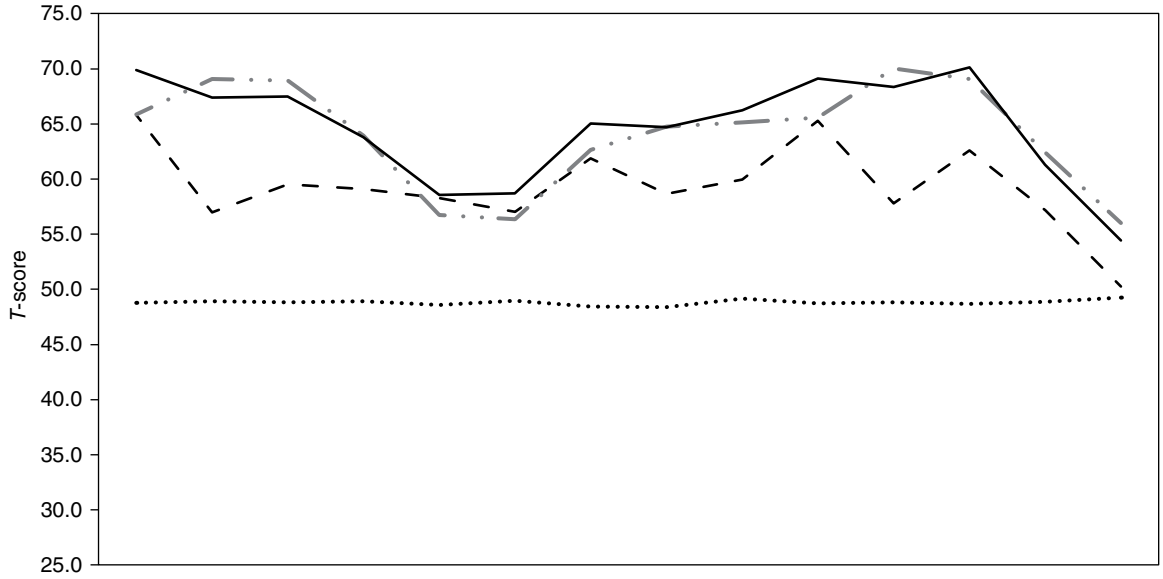
Highly Representative Normative Samples

Updated normative data was derived from a large sample designed to be representative of the North American population (based on the 2018 U.S. and 2016 Canadian census figures), stratified based on age, gender, race/ethnicity, parental education level, and geographic region. A total of 3,120 youth were included in the Normative Samples (*N* = 1,560 for Parent; *N* = 1,560 for Teacher; and *N* = 1,100 for Self-Report). Combined gender norms are provided for youth in 1-year age intervals; separate norms for males and females are also available. ADHD Reference Samples are also available (*N* = 560 for Parent, *N* = 321 for Teacher, and *N* = 229 for Self-Report).

Reliability

The Conners 4 Parent, Teacher, and Self-Report scale have excellent internal consistency (median omega coefficient = .94), strong test-retest reliability (median *r* = .89), and moderate to strong inter-rater reliability (median ***r*** = .84 for two parent raters; median r = .52 for two teacher raters). Standard error of measurement (SEM) is low for all Conners 4 scales and across raters (median SEM = 2.48), indicating very little error in the estimated true scores.

Figure 9.1. **Profiles for General Population and ADHD Groups: Conners 4 Parent**



	INA/EDF	HYP	IMP	EM DYS	DEP	ANX	SCHOOL	PEER	FAMILY	ADHD-I	ADHD-HI	ADHD-TOT	ODD	CD
••••••••• General Population	48.8	48.9	48.8	48.9	48.6	49.0	48.4	48.4	49.2	48.7	48.8	48.7	48.9	49.3
– — – ADHD Inattentive	65.8	57.0	59.5	59.1	58.3	57.0	61.9	58.7	59.9	65.3	57.8	62.6	57.2	50.3
— · · — ADHD Hyperactive/Impulsive	65.9	69.1	68.9	64.0	56.8	56.3	62.7	64.8	65.1	65.6	70.0	69.1	62.4	56.0
——— ADHD Combined	69.9	67.4	67.5	63.8	58.6	58.7	65.0	64.7	66.2	69.1	68.3	70.1	61.3	54.4

Note. INA/EDF = Inattention/Executive Dysfunction; HYP = Hyperactivity; IMP = Impulsivity; EM DYS = Emotional Dysregulation; DEP = Depressed Mood; ANX = Anxious Thoughts; School = Schoolwork; Peer = Peer Interactions; Family = Family Life; ADHD-I = DSM ADHD Inattentive Symptoms; ADHD-HI = DSM ADHD Hyperactive/Impulsive Symptoms; ADHD-TOT = DSM Total ADHD Symptoms; ODD = DSM Oppositional Defiant Disorder Symptoms; CD = DSM Conduct Disorder Symptoms.

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Validity

- Results from confirmatory factor analyses (CFA) provided evidence to support the structure of the Conners 4 scales (6-factor model for the Content Scales [CFI ≥ .940, RMSEA ≤ .051]) and 3-factor model for Parent and Self-Report and 2-factor model for Teacher for the Impairment & Functional Outcome Scales (CFI ≥ .935; RMSEA ≤ .094).

- Evidence to support the convergent validity of the Conners 4 was found, given the moderate to very strong correlations between the Conners 4 and established assessments measuring related constructs (median |r| across four convergent validity studies = .73).

- The Conners 4 also demonstrated a high degree of criterion-related validity, as various clinical groups had distinctly different profiles of scores. Ratings of youth with ADHD yielded higher scores than ratings of both youth from the General Population (median Cohen's d for significant differences: Parent = 1.51, Teacher = 0.87, Self-Report = 0.77; see Figures 9.1 & 9.2 for examples of the score comparisons for the Conners 4 Parent and Conners 4 Teacher, respectively) and youth with Depression or Anxiety (median Cohen's d for significant differences: Parent = 0.88, Teacher = 0.49, Self-Report = 0.57).

- Additionally, unique symptom profiles of Conners 4 scores were observed for ADHD Inattentive, ADHD Hyperactive/Impulsive, and ADHD Combined presentation groups (e.g., scores on scales related to hyperactivity and impulsivity tended to be higher in the ADHD Hyperactive/Impulsive and ADHD Combined groups than the ADHD Inattentive group). Additionally, both the ADHD Hyperactive/Impulsive and ADHD Combined groups were found to have higher levels of impairment than the ADHD Inattentive group. Furthermore, endorsement of Self-Harm Critical Items and the Sleep Problems Indicator Items from ADHD groups was higher than the General Population groups.

Fairness

There is strong evidence that the Conners 4 meets or exceeds the fairness requirements outlined in the Standards for Educational and Psychological Testing (AERA, APA, & NCME, 2014). When investigating differences by gender, race/ethnicity, and parental education levels, there was (a) no evidence of meaningful measurement invariance in the factor models, (b) no evidence of meaningful differential test functioning between groups, and (c) negligible to small differences in average test scores between groups (median *d* = .07).



About the Author

C. Keith Conners, Ph.D., had an extraordinary and diverse career as an academic, clinician, researcher, lecturer, author, editor-in-chief, and administrator. His dedication to the study of ADHD and other childhood problems propelled him to the forefront of his field where he was often called, "the father of ADHD." He was highly recognized in the field of psychology by his numerous contributions and left behind a lasting legacy of work.

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