




CONNERS
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 **CONNERS**
3rd Edition™


 **CONNERS**
Comprehensive Behavior
Rating Scales™


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**Conners 3rd Edition
(Conners 3):
Introduction and Application**

*Presented by
Danielle M. Politi, Ed.S., NCSP*


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Disclosure

I am employed by Multi-Health Systems, the publisher of the Conners 3.

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Overview of Workshop

- **Research and Development**
 - Things considered during development
 - Why is it important to assess ADHD specifically?
 - DSM-IV: strengths, weaknesses, and utility in the schools
 - How is the Conners 3 directly linked to the DSM-IV and how does it address the limitations to the DSM-IV?
 - ADHD and co-existing disorders
 - Differential diagnosis
- **Introduction to the Conners 3rd Edition (C3)**
 - Key Features
 - Standardization, Reliability, and Validity
 - Development and Reliability of the Conners 3 Spanish Forms
 - Content and Structure
 - Administration and Scoring
 - Interpretation: Case Study
- **Intervention Planning with the Conners 3**
- **Treatment Monitoring with the Conners 3**
- **Discuss linkage between IDEA, DSM-IV TR, & Conners scales**



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Why is it important to assess ADHD in school-age youth?

- **Attention-Deficit/Hyperactivity Disorder (ADHD)** 3-7% of school aged children
- **ADHD Complications**
- Medical – more ER visits, hospital admissions, outpatient admissions, more severe injuries, twice the medical costs
- Adolescent drivers have more car accidents
- Smoking: earlier and more often
- More family conflicts and social difficulties
- More school retentions and high school drop outs
- More likelihood of future Antisocial Personality Disorder in adulthood
- More STD's, substance abuse, legal problems, higher divorce rates, earlier parenthood, more work failure
- High rates of co-morbidity



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Research and Development: DSM-IV

- In the public schools, we are faced with a dilemma:
- Often we are the first to recognize emerging symptoms of an undiagnosed disorder
 - Must discuss and review past diagnoses
 - May question outside diagnoses at times
 - BUT, in most states, you cannot assign a DSM diagnosis.
- However, we can refer on with intelligent, accurate, and up-to-date information



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Is the DSM-IV Relevant for School Psychologists?

Exercise:

- List the utilities of DSM-IV in the schools
- List the limitations of DSM-IV in the schools



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Why Bother with the DSM-IV TR

- **DSM-IV Basics: A Primer for School Psychologists**, Ken Merrell, Ph.D. *School Psychology Program, The University of Iowa, December, 2000*
- it is not going away—DSM has become a permanent fixture in American mental health care
- reliability has improved substantially from previous editions
- empirical validity focus has improved substantially in most cases
- outside of school settings, a DSM-IV diagnosis may be necessary for helping to secure third-party; facilitates access to treatment
- payment for services; thus, familiarity with DSM is important for school psychologists who wish to work in non-traditional settings
- DSM diagnoses, although not perfect, can provide a common framework for communication among professionals regarding specific client concerns and background
- the DSM is part of a continuing step toward developing a scientific taxonomy of psychological and psychiatric disorders



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Limitations of the DSM-IV TR

1. Identifies Child as Source of Problem
2. Fails to account for Developmental Changes
3. Fails to account for Gender
4. Fails to Establish Specific Guidelines for Assessment
5. Lack of Treatment Utility
6. Does not Provide Guidance Regarding Differential Diagnosis



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DSM-IV-TR and IDEA 2004: Similarities

Criterion	DSM-IV-TR	IDEA
Symptoms cause impairment	✓	✓
Symptoms in more than one setting	✓	✓
Duration of symptoms	✓	✓
Exclusionary criteria (rule outs)	✓	✓
Abnormal response	✓	✓
Developmentally inappropriate	✓	✓



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How is the Conners 3 directly linked to the DSM-IV?

DSM-IV diagnosis begins with assessing whether an individual exhibits certain behaviors, specified in the DSM-IV TR, that occur "often":

Inattention (6 of 9 must occur OFTEN)

- a) often fails to give close attention to details or makes careless mistakes in schoolwork, or other activities
- b) often has difficulty sustaining attention in tasks or play activities
- c) often does not seem to listen when spoken to directly
- d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- e) often has difficulty organizing tasks and activities
- f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, book, or tools)
- h) is often easily distracted by extraneous stimuli
- i) is often forgetful in daily activities



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How is the Conners 3 directly linked to the DSM-IV?

Hyperactivity-Impulsivity (6 of 9 must occur OFTEN)

Hyperactivity

- a) Often fidgets with hands or feet or squirms in seat
- b) Often leaves seat in classroom or in other situations in which remaining seated is expected
- c) Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- d) Often has difficulty playing or engaging in leisure activities quietly
- e) Is often "on the go" or often acts as if "driven by a motor"
- f) Often talks excessively

Impulsivity

- a) Often blurts out answers before questions have been completed
- b) Often has difficulty awaiting turn
- c) Often interrupts or intrudes on others (e.g., butts into conversations or games)



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How is the Conners 3 directly linked to the DSM-IV?

ADHD, Predominately Inattentive Type: Must exhibit 6 of 9 criteria OFTEN

ADHD, Predominately Hyperactive-Impulsive Type: Must exhibit 6 of 9 criteria OFTEN

ADHD, Combined Type: Must meet criteria for both Inattentive Type and Hyperactive Type: 6+6 for a total of at least 12



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How is the Conners 3 directly linked to the DSM-IV and how does it address its limitations?

- DSM-IV-TR requires symptoms of Inattention, Hyperactivity, and/or Impulsivity, that are:
 - present in early childhood (evidence before 7)
 - **persistent** over time (at least 6 months)
 - **inconsistent** with developmental level
 - **pervasive** across settings (at least 2 settings)
 - **impairing** in everyday life
 - not better accounted for by another diagnosis (**differential diagnosis**)
- **BUT...**the DSM gives us no objective way to measure these requirements...the Conners 3 does!



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ADHD and Associated Features

- Associated features
 - Executive deficits, including variability in performance
 - Social functioning deficits
 - Lowered self-esteem
 - Sensory integration deficits
 - Increased use of medical resources
 - Positive traits and strengths



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ADHD and Related Disorders

- ADHD has high rates of co-morbidity.
- Commonly co-occurring diagnoses include:
 - Disruptive behavior disorders
 - Anxiety disorders
 - Mood disorders
 - Learning disorders



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Prevalence and Co-morbidity

Disruptive Behavior Disorders

Conduct Disorder (CD) 1-10%, higher in urban areas

- Co-morbidity for ADHD: 20 to 40 percent

Oppositional Defiant Disorder (ODD) 2-16%
depending upon sample

- Co-morbidity for ADHD: 40 percent

www.help4adhd.org



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Prevalence and Co-morbidity

Mood disorders

Major Depressive Disorder: (10 to 15% of youth)

- One or more depressive episodes lasting at least 2 weeks
- Co-morbidity for ADHD: 10-30%

Bipolar Disorder: <2%

- Mixed episodes: (episode lasting 7 days or more with symptoms of mania and depression)
- Rapid cycling: (at least 4 mood episodes a year)
- Ultra-rapid: <365 cycles per year with mania for more than 4 hours per day.
- Research: up to 20-25% of persons with BD have ADHD
- More realistic: 1 to 6%
- Up to 20% of persons with ADHD also have BD (up to 10 times the prevalence found in the general population)



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Bipolar Disorder and Children

If a parent has Bipolar Disorder

- Their child has a **50%** chance of a psychiatric disorder
- However, **only 5%** chance of having Bipolar Disorder

So remember: irritable child + parent with BPD **may not** equal child with BPD

(G. Carlson, 2007. American Academy of Child and Adolescent Psychiatry Psychopharmacology Update)

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Prevalence and Co-morbidity

- **Anxiety disorders:**
- 13% of youth have an anxiety disorder
- More common in girls than in boys
- 50% of youth with anxiety disorders have a co-morbid disorder
- Co-morbidity for ADHD: up to 30%
 - **Generalized Anxiety Disorder (GAD)** 5%
 - **Separation Anxiety Disorder (SAD)** 4%
 - **Social Phobia:** 10%
 - **Obsessive-Compulsive Disorder (OCD):** 2%

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Learning Problems

-6 percent of students are classified as an individual with a Specific Learning Disability

-Up to 50 percent of ADHD individuals struggle with a learning problem (about 9 times the prevalence found in the general population)

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When Hearing Hoof Beats, Think Horses, not Zebras

- ADHD is the most common psychiatric disorder appearing at child guidance clinics
- Yet there is frequent disagreement about its prevalence
- There is good evidence that the disorder is both over-diagnosed at some times, and under-diagnosed at others.
- or...

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COMORBIDITY AND BEHAVIORS

	ADHD	ODD	CD	BPD
Hyperactivity	√			√
Noncompliance	√	√	√	√
Annoying	√	√	√	√
Fidgety	√	√		√
Temper	√	√	√	√
Mistakes	√	√	√	√

Wilkins, 2007 FASP Conference




Differential Diagnostics GROUP EXERCISE

What possible diagnoses would you consider for the following referral?

- 8 year old girl
- "seems spacey, daydreams a lot"
- "doesn't follow directions"
- "careless, makes mistakes, misses details"
- "immature"
- "enthusiastic and energetic"
- "rude, interrupts others"

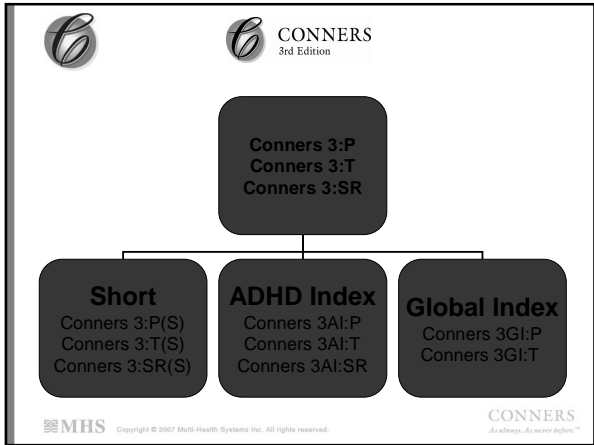
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Conners 3: History

- 1960s = normed behavior rating scale developed by Dr. Keith Conners
- 1989 = more extensive normative sample collected, Conners Rating Scales (CRS) were made available to public
- 1997 = CRS were revised (CRS-R), items added, sophisticated statistical analyses, new normative data collected
- 2008 = release of the Conners 3rd Edition

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Conners 3: Key Features and Changes

- Streamlined & refined revision of CRS-R
- An in-depth and focused assessment of ADHD
- Informs differential diagnosis by assessing and screening for problems and disorders most commonly or co-morbid with ADHD: DSM-IV scales for ODD and CD
- Updated and large normative sample stratified and representative of US population (2000)
- Links to DSM-IV-TR and IDEA 2004
- Multi-informant (parent, teacher, youth) with greater consistency of items across scales
- Modified age ranges normed by one year age bands
- Separate gender norms or combined norms



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Conners 3: Key Features and Changes

- Full-length and short form options
- Available in English and Spanish
- Simplified language of DSM-IV TR items
- Easy administration, scoring, and profiling of results
- Executive Functioning scale
- Validity scales
- Severe Conduct critical items
- Screener items for Anxiety and Depression
- Impairment items
- Excellent reliability and validity
- Created companion rating scale: The Conners CBRS



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Norming by Age

1-yr age bands improve assessment accuracy.

- Historically, the CRS has used 3-year age groups
- Problem: 6-year-olds, e.g., may not be comparable to 8-year-olds
- 1-yr age norms allow
 - smooth development trends to be captured
 - but also for sharper changes to be reflected
- BASC presents ages in clusters, e.g., 6-7, 8-11, 12-14, 15-18
 not one year age norms



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Conners 3: Technical Details

- Normative sample:
 - **Large**
 - 1200 youth rated by parents and teachers
 - 1000 youth self-reports
 - Stratified by age (year) and gender
 - **Diverse** (based on the U.S. census)
 - Stratified by race/ethnicity
 - Represented all Socio-Economic Status (SES) groups
 - Represented all geographic regions

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Conners 3 & CBRS Research Database

Large database used to ensure test norms, properties, and reliability/validity for clinical use were optimized.

Informant	Conners 3	CBRS	Total
Parent	2,300	2,280	4,580
Teacher	2,437	2,364	4,801
Self	2,088	2,057	4,145
Total	6,825	6,701	13,526

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Ethnic Representation

Ethnic representation closely matches census figures.

Group	Census	C3-P	C3-T	C3-SR
Asian	3.8	4.6	6.0	5.1
African American	15.7	15.1	15.6	15.2
Hispanic	15.1	15.1	17.5	15.0
Caucasian	61.9	61.3	57.5	61.1
Other	3.5	3.8	3.3	3.6

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Internal Consistency

Conners 3rd Edition			
	Parent	Teacher	Self
Content Scales	.91 (.85-.94)	.94 (.92-.97)	.88 (.84-.92)
DSM-IV-TR Scales	.90 (.83-.93)	.90 (.77-.95)	.85 (.81-.89)



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Internal Consistency Reliability and SEM (Parent Form)

SCALE	RELIABILITY	SEM
Inattention	.93	2.6
Hyperactivity/Impulsivity	.94	2.4
Learning Problems	.90	3.2
Executive Functioning	.92	2.8
Aggression	.91	3.0
Peer Relations	.85	3.9
ADHD Hyp/Imp	.92	2.8
ADHD Inattentive	.93	2.6
Conduct Disorder	.83	4.1
ODD	.91	3.0



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Temporal Stability of Conners Forms (Test-Retest Reliability)

Conners 3rd Edition			
	Parent	Teacher	Self
Content Scales	.85 (.72-.98)	.85 (.78-.90)	.79 (.75-.83)
DSM-IV-TR Scales	.89 (.84-.94)	.85 (.83-.87)	.76 (.71-.83)



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Inter-Rater Reliability

Conners 3 rd Edition		
	2 Parents	2 Teachers
Content Scales	.81 (.74-.84)	.73 (.52-.82)
DSM-IV-TR Scales	.84 (.75-.94)	.70 (.55-.77)

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Validity

Multiple forms of validity research were conducted and show support for the expressed purpose of the tools.

- **Test Structure:** Summary of Factor Analysis and Confirmatory Factor Analysis
- **Construct validity:** Summary of other measures that were co-administered with the Conners 3 and CBRS
- **Classification Accuracy:** Examine group differences and summarize classification accuracy statistics.

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Construct Validity

All Conners 3 and CBRS constructs were tested using instruments that assess similar or related constructs

- Construct validity was examined by administering the Conners 3 and CBRS with various other tools including ... (Total N ≈ 2000)
 - Child Behavior Checklist (CBCL)
 - Behavioral Assessment System for Children (BASC)
 - Behavior Rating Inventory of Executive Functioning (BRIEF)
 - Children's Depression Inventory (CDI)
 - Multidimensional Anxiety Scale for Children (MASC)
 - etc.

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Construct Validity – Selected Findings

Conners 3 and CBRS scales correlate in meaningful ways with other tools that measure similar things

- **ADHD**
 - *Conners 3-T DSM-ADHD-In x CBCL Attention Probs.*, $r = .74$
 - *Conners 3-P DSM-Hyp/Imp x BASC Hyperactivity*, $r = .58$
- **Executive Functioning**
 - *Conners 3-P EF x BRIEF Plan/Organize scale*, $r = .72$
- **Learning Problems**
 - *Conners 3-T x BASC Learning Problems*, $r = .83$
 - *Conners 3-P x BRIEF Meta Cognition*, $r = .86$
- **Peer/Family Relations**
 - *Conners 3-T Peer Relations x CBCL Social Probs.*, $r = .85$
 - *Conners 3-T Peer Relations x BASC Social Skills*, $r = -.59$



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Conners 3: Executive Functioning and BRIEF

C3 (Parent and Teacher) correlates highly with the following BRIEF Form Scales:

Hyperactivity/Impulsivity: Inhibit, Behavioral Regulation Index, Global Executive Composite

Inattention: Initiate, Working Memory, Plan/Organize, Organization of Materials, Monitor, Metacognition Index, Global Executive Composite

Learning Problems/Executive Functioning: Initiate, Working Memory, Plan/Organize, Organization of Materials, Monitor, Metacognition Index, Global Executive Composite



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Development and Reliability of the Conners 3 Spanish forms

According to Geisinger (1994), test adaptations must ensure:

1. psychological constructs and test content are maintained,
 2. the measure is useful in the new culture,
 3. and score interpretations are validated.
- International Guidelines for Test Use (1999): created by the International Test Commission



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Spanish Forms Development

- **Goal: ensure that the Conners CBRS would be valid for use in both Spanish- and English-speaking populations within the Hispanic population of the United States.**

1. Translations first created by three Spanish-speaking staff at MHS
2. Translations reviewed by Dr. Sam Ortiz to ensure that content, cultural sensitivity, and readability were appropriate
3. Translated forms were then submitted to independent bilingual school psychologists for an English back-translation
4. All parties reviewed back translations with the original English forms



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Reliability of the Conners 3 Spanish

	Parent	Self
Content Scales	.83 (.58-.94)	.87 (.82-.90)
DSM Scales	.90 (.88-.93)	.84 (.78-.88)
Conners 3GI	.87	N/A
Conners 3AI	.90 (.73-.90)	.85 (.78-.84)



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Conners 3: Content

- Content Scales
- DSM-IV Scales and Symptoms
- Index scores
- Critical Items
- Screener Items
- Validity Scales
- Impairment Items
- Additional Questions



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Conners 3: Content Scales

• **Conners 3 Content Scales:**

- Executive Functioning (not on Self-Report)
- Learning Problems
- Defiance/Aggression
- Hyperactivity/Impulsivity
- Peer Relations (Family Relations on Self-Report)
- Inattention



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DSM-IV TR Symptom Scales**

- ADHD Inattentive
- ADHD Hyperactive-Impulsive
- ADHD Combined Type
- Conduct Disorder
- Oppositional Defiant Disorder

DSM-IV Symptom Scales: Relative levels of symptoms

•T-scores compare the student to peers. Help determine if symptoms are atypical for that age and gender

•High score means more symptoms than typically seen for someone that age and gender



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DSM-IV TR Symptom Count**

- DSM-IV TR Symptom Counts
- ADHD Inattentive
- ADHD Hyperactive-Impulsive
- ADHD Combined Type
- Conduct Disorder
- Oppositional Defiant Disorder

DSM-IV Symptom Counts: Absolute levels

•Each DSM-IV symptom is represented
 •You can count these to see if the student has enough symptoms of that disorder to consider a diagnosis
 •Guidance is given for whether a symptom is "indicated," "may be indicated," or "not indicated"



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Conners 3: Index Scores

- Available on full length form or as separate forms

1. **Conners 3 ADHD Index** (Conners 3AI)

2. **Conners 3 Global Index** (Conners 3GI)

- not available for self-report
- Two subscales:
 - Conners 3GI Emotional Lability
 - Conners 3GI Restless-Impulsive



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Conners 3: Critical Items & Screener Items

- **Critical Items: Severe Conduct**
 - Full-length form only
 - Severe misconduct that requires immediate follow-up
 - Behaviors that may predict future violence or harm to others
- **Screener Items:** full-length form only
 - **Anxiety:** 4 items relate to general anxiety/worry
 - **Depression:** 4 items reflect key presentations of helplessness/hopelessness
- These are "red flags" which may indicate the need for a more detailed evaluation



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Conners 3: Validity Scales (Response Styles)

- **Validity Scales**
 - Positive Impression (PI)
 - Negative Impression (NI)
 - Inconsistency Index (IncX): full-length form only
- **Common Threats to Validity**
- Response bias
- Random responding
- Impulsive or careless responding
- Comprehension errors
- Missing items
- Inappropriate use of normative data
- Human error



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Validity Scales

- Elevated scores do not necessarily or absolutely mean the responses are invalid.
- Must consider.....**RESPONSE STYLE!**
- In addition to the common threats to validity, what are some other reasons these scales could be elevated?
- Critical to integrate with other sources of data; multiple raters, clinical interview, observations, etc.



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Conners 3: Impairment Items

- **Impairment Items: full-length form only**
 - **Academic** (schoolwork and/or grades)
 - **Home** (Parent and Self-Report only)
 - **Social** (Friendships and relationships)
- **Impairment Requirements: DSM-IV TR and IDEA**
- **DSM-IV-TR** requires evidence of clinically significant impairment in social, academic, or occupational functioning for diagnosis of ADHD, CD, or ODD.
- **DSM-IV-TR** diagnosis of ADHD makes an additional requirement that impairment must be present in at least two settings (e.g., school, home).
- **IDEA criteria** - educationally, a student is not considered "disabled" unless the symptoms impair his or her functioning in the school setting.
- Regardless of the number of problems described by the parent, teacher, or youth, if the problems are not associated with impairment in academic functioning, it is unlikely that the symptoms will meet criteria for diagnosis or educational need.



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Conners 3: Additional Questions

- 1. Do you have any other concerns about your child?**
Provides opportunity to describe additional concerns
Response may indicate other areas that should be investigated
May reiterate problems already captured on the scale; this reiteration may represent high levels of concern about that particular issue
- 2. What strengths or skills does your child have?**
Encourages consideration of the youth's positive qualities
Recognition of strengths and skills is important when developing effective interventions
Red flag when parent, teacher, or youth can not identify any strengths



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Conners 3: Administration

- **When is the Conners 3 appropriate to use?** Initial, Reevaluation, Screening, Research
- **Who can complete the Conners 3?** Parent, Self, & Teacher

Reading Levels

- C3-P 4.9
- C3-T 5.3
- C3-SR 3.0

Requirements for raters:

- Have known the student for at least one month
- Cognitive/Reading level

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C3 Choices for Scales: Full Length vs. Short Form

There are 4 different forms (full length, short form, 3AI, 3 GI) for the Conners 3; each can be completed by different raters (P, T, SR)

Full-length

- Nothing is omitted
- Recommended for initial evaluation and comprehensive re-evaluations

Short form

- Has shorter versions of all the Content scales
- Has 2 of the 3 validity scales
- Does not have DSM-IV scales, ADHD Index, Conners Global Index, Severe Conduct critical items, Anxiety Depression screener items, or impairment items
- Can be used for monitoring progress or for brief screener
- Limited time or periodic repeated administrations

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Conners 3 Content

Empirical and Rational Scales

Parent (110 items)	Teacher (115 items)	Self (99 items)
Executive Functioning	(Executive Functioning subscale)	-
Learning Problems	Learning Problems/Executive Functioning	Learning Problems
Defiance/Aggression	Defiance/Aggression	Defiance/Aggression
Hyperactivity/Impulsivity	Hyperactivity/Impulsivity	Hyperactivity/Impulsivity
Peer Relations	Peer Relations	Family Relations
Inattention (Rational)	Inattention (Rational)	Inattention (Rational)

DSM-IV-TR Symptom Scales
 ADHD Hyperactive-Impulsive
 ADHD Inattentive
 Conduct Disorder
 Oppositional Defiant Disorder

Conners 3 ADHD Index (Conners 3AI)

Conners 3 Global Index (Conners 3GI; not on SR)

Validity Scales
 Negative Impression
 Positive Impression
 Inconsistency Index

Screener Items
 Anxiety Depression

Severe Conduct Critical Items

Impairment Questions

Additional Questions

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Benefits of Computerized Scoring Software, Online, Annual Subscription

- Reduces scoring time
- Double entry feature to verify accuracy of data entry
- Can generate link and send via email to raters (online, subscription)
- Immediate generation of reports once responses are entered
- Reports provide substantially more information than hand-scoring results
- Reports can be printed or saved in .pdf format
- Sections of reports can be exported to a word processing program, i.e. cutting and pasting
- Reports are saved for future access



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QWERTY



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Conners 3 Methods of Administration

Paper vs. Online

A small subset completed the assessments online via the internet.

Result: no significant differences in scores

The **C3** can be generalized across both paper-and-pencil and online administrations.



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C3 Methods of Administration*

Self Report Dictation

Small subset of sample had items dictated to them by the assessor
Another small subset had items read to them by someone other than the assessor

Result: no significant differences in scores

*only for Self Report in English, and not for Parent or Teacher Reports



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Conners 3: Comparing the Forms Administration and Scoring Times

Average Time Required	C3	C3 Short	Conners 3AI	Conners 3GI
<i>Administration Time</i>	20 minutes	10 minutes	5 minutes	5 minutes
<i>Hand-scoring</i>	20 minutes	10 minutes	5 minutes	5 minutes
<i>Computer scoring (data entry)</i>	5 minutes	2-3 minutes	1 minute	1 minute



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Conner 3 : Report Options

Assessment Report: information from a single administration of C3 – compares that youth to other peers

Progress Report: combines results of up to 4 administrations by the same rater – summarizes changes in reported behavior that have occurred over time – **Response to Intervention**

Comparative Report: compare ratings on up to 5 raters for the same assessment and individual being rated



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Conner 3: Omitted Responses

Content Scales, DSM-IV TR Symptom Scales, Validity Indicator
3AI, 3GI,

- Results will be less valuable and less accurate if responses are missing.
- If the maximum number of allowable omissions has not been exceeded, there is a formula for prorating to obtain an estimation of the raw scores.**
- If the allowed number of omitted responses has been exceeded for a given scale, the recommendation is to refrain from scoring that scale.
- You can treat “questionable” responses as omitted responses (multiple responses, write-in responses)

** this formula is not for DSM-IV TR Symptom Counts

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Conners 3: Omitted Responses DSM-IV TR Symptom Counts

- Cannot be prorated the same as the raw scores shown on previous slide
- When DSM-IV TR item responses are missing or unclear, the following should apply:
 - based on items that **were** rated, if the symptom count is **equal to or higher** than the minimum DSM-IV TR symptom count requirement = **probably met**.
 - based on items that **were** rated, if symptom count, plus the number of missing items **is lower** than the minimum DSM-IV TR symptom count requirement = **probably not met**
 - if neither of the above two conditions were met = cannot be determined

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Conners 3

- Case Study – Susan S
 - 8 year old girl
 - “seems spacey, daydreams a lot”
 - “doesn’t follow directions”
 - “careless, makes mistakes, misses details”
 - “immature”
 - “enthusiastic and energetic”
 - “rude, interrupts others”
- Sound familiar??

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Conners 3: Interpretation

1. **Assess validity of the Conners 3 ratings.** (PI, NI, IncX)
2. **Interpret scale scores.** (Content, DSM-IV scales and symptom counts, discrepancies)
3. **Examine the overall profile.** (Impairment, Conners 3AI, Conners 3GI, 3GI Emotional Lability and 3GI Restless-Impulsive)
4. **Consider item-level responses.** (Screener Items, Critical Items, Additional Questions)
5. **Integrate results.** (Multiple raters, Multiple Settings, Multiple modes)
6. **Report results.**



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Step 1: Assess the Validity of the Ratings (Response Style Analysis)

Assess validity of the Conners 3 ratings for Susan

- Positive Impression Index (PI)
- Negative Impression Index (NI)
- Inconsistency Index (IncX)

Susan: Teacher ratings only (Ms. Metry)

- PI – does not indicate an overly positive response style
- NI – does not indicate an overly negative response style
- IncX – does not indicate an inconsistent response style



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Step 2: Interpret scale scores

Guideline for T-Scores and Percentiles

(C3 and CBRS)


T-score	Percentile	Guideline
70+	98+	<i>Very Elevated Score</i> (Many more concerns than are typically reported)
65-69	93-97	<i>Elevated Score</i> (More concerns than are typically reported)
60-64	84-92	<i>High Average Score</i> (Slightly more concerns than are typically reported)
40-59	16-83	<i>Average Score</i> (Typical levels of concern)
<40	<16	<i>Low Score</i> (Fewer concerns than are typically reported)

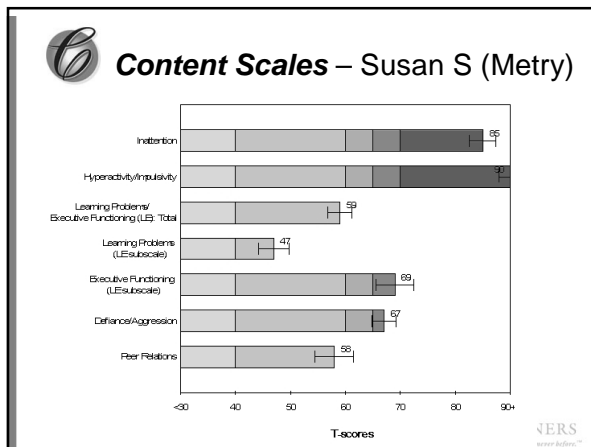


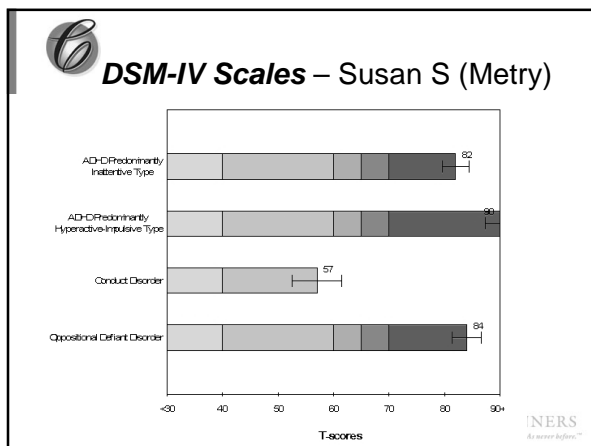
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 Common Characteristics of High Scorers	
Inattention	May have poor concentration/attention or difficulty keeping his/her mind on work. May make careless mistakes. May be easily distracted. May give up easily or be easily bored. May avoid schoolwork. May have difficulty starting and/or finishing tasks.
Hyperactivity/Impulsivity	High activity levels. May be restless and/or impulsive. May have difficulty being quiet. May interrupt others or talk too much. May be easily excited.
Learning Problems/ Executive Functioning (Teacher)	Academic struggles. May have difficulty learning and/or remembering concepts. May need extra instructions. May have executive functioning deficits.
Learning Problems	Academic struggles (reading, spelling, math). May have difficulty learning and/or remembering concepts. May need extra explanations or help.
Executive Functioning (Parent/Teacher)	May have difficulty starting or finishing projects. May complete projects at the last minute. May have poor planning, prioritizing, or organizational skills.
Defiance/Aggression	Physically and verbally aggressive. May show violent or destructive tendencies. May bully others. May be argumentative. May have poor control of anger and/or aggression. May be manipulative or cruel. May break rules and/or have legal issues.
Peer Relations (Parent/Teacher)	May have difficulty with friendships, poor social skills, and limited social connections. May appear unaccepted by a the group.
Family Relations (Self)	May feel that parents do not love or notice him/her. May feel unjustly criticized and/or punished at home.







DSM IV TR Symptom Counts Susan S – Teacher Report

DSM-IV-TR Scales and DSM-IV-TR Symptom Count Requirements

- ADHD Inattentive Subtype:** At least 6 out of 9 symptoms
Actual 9 MET
- ADHD Hyperactive Impulsive Subtype:** At least 6 out of 9 symptoms
Actual 8 MET
- ADHD Combined Subtype:** At least 12 out of 18 symptoms
Actual 17 MET
- Oppositional Defiant Disorder:** At least 4 out of 8 symptoms:
Actual 3 NOT MET
- Conduct Disorder:** At least 3 out of 15 symptoms
Actual 1 NOT MET



Conners 3: Interpretation

➤ DSM-IV Symptom Counts and T-scores: Agreement between symptom counts and T-scores:

- **Both scores high:** this diagnosis should be given strong consideration.
- **Both scores low:** it is unlikely that the diagnosis is currently present (although criteria may been met in the past)
- **Disagreement???**



Resolving DSM-IV Discrepancies

- **Symptom count high, T-score low:**
"Although the absolute DSM-IV-TR symptomatic criteria may have been met, the current presentation is not atypical for this age and gender. The assessor should give careful consideration as to whether the symptoms are present in excess of developmental expectations (an important requirement of DSM-IV-TR diagnosis)."
- **Symptom count low, T-score high:**
"Although the current presentation is atypical for the youth's age and gender, there are not sufficient symptoms reported to meet DSM-IV-TR symptomatic criteria for this disorder. The assessor may wish to consider alternate 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)."



Step 3: Examine the Overall Profile

Step 3a: *Impairment*

Step 3b: *Conners 3AI*

Step 3c: *Conners 3GI*



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Step 3a: Impairment

◀ **Impairment**

- *Academic* – ?
- *Social* – ?
- *Home* – ?



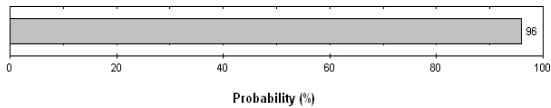
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Step 3b: Conners 3AI



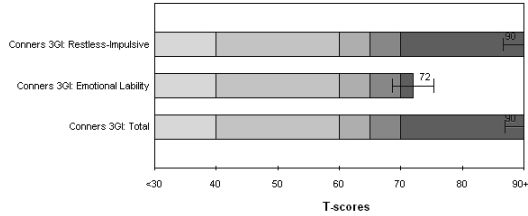
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Step 3c: Conners GI



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Step 4: Consider item-level responses.

Step 4a: Screener Items

Step 4b: Critical Items

Step 4c: Additional Questions

Step 4d: Individual Items that contributed to elevated scales

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Step 4a: Screener Items

Were any screener items endorsed?

Anxiety? Depression?

Step 4b: Critical Items

Were any Severe Conduct Critical Items endorsed?

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Step 4c: Additional Questions

Do you have any other concerns about your child?

Disorganized, careless and inattentive, rude (interrupts and talks over people); could do better in class.

What strengths or skills does your child have?

Seems smart; enthusiastic; does well when she applies herself.



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Step 4d: Consider item-level responses that contributed to elevated scales

Inattention Items/Teacher's Rating

- **3. Has a short attention span:** Very much true/very often
- **37. Doesn't pay attention to details; makes careless mistakes:** Very much true/very often
- **41. Gives up easily on difficult tasks:** Pretty much true/often
- **44. Is sidetracked easily:** Very much true/very often
- **60. Avoids or dislikes things that take a lot of effort and are not fun:** Very much true/very often
- **86. Gets bored:** Very much true/very often
- **97. Has trouble concentrating:** Very much true/very often
- **100. Inattentive, easily distracted:** Very much true/very often
- **108. Has trouble changing from one task to another:** Pretty much true/often
- **111. Has trouble keeping his/her mind on work or play for long:** Very much true/very often



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Step 4d: Consider item-level responses

Hyperactivity/Impulsivity Rating

Item Teacher's Rating

- **1. Leaves seat when he/she should stay seated:** Just a little true/occasionally
- **2. Gets overly excited:** Very much true/very often
- **4. Fidgets or squirms in seat:** Very much true/very often
- **7. Restless or overactive:** Very much true/very often
- **9. Blurts out answers before the question has been completed:** Very much true/very often
- **13. Excitable, impulsive:** Very much true/very often
- **17. Acts as if driven by a motor:** Just a little true/occasionally
- **26. Talks out of turn:** Very much true/very often
- **29. Interrupts others (e.g., butts into conversations or games):** Very much true/very often
- **39. Gets over-stimulated or "wound up:":** Pretty much true/often
- **50. Talks too much:** Very much true/very often
- **77. Fidgeting:** Very much true/very often
- **78. Is constantly moving:** Pretty much true/often
- **91. Gets up and moves around during lessons:** Just a little true/occasionally
- **76. Has difficulty waiting for his/her turn:** Very much true/very often
- **83. Talks non-stop:** Very much true/very often
- **24. Runs or climbs when he/she is not supposed to:** Just a little true/occasionally
- **32. Is noisy and loud when playing or using free time:** Pretty much true/often



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Step 5: Integrate Results

Step 5a: Integrate results across multiple raters.

Step 5b: Integrate results with other sources of information.



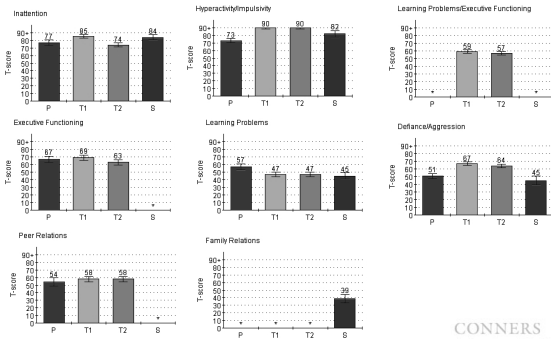
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Step 5a: Integrate results across multiple raters Content Scale T-scores



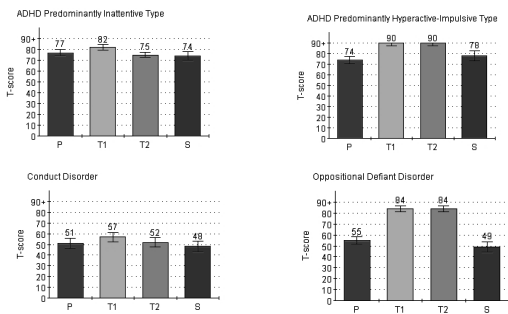
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Step 5a: Integrate results across multiple raters DSM-IV T-scores



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Step 5a: Integrate results across multiple raters
DSM-IV Symptom Counts

ADHD Inattentive Subtype: At least 6 out of 9 symptoms
***All raters endorsed 6 or more symptoms **Symptom Count MET**

ADHD Hyperactive Impulsive Subtype: At least 6 out of 9 symptoms
***All raters endorsed 6 or more symptoms **Symptom Count MET**

ADHD Combined Subtype: At least 12 out of 18 symptoms
***All raters endorsed 12 or more symptoms **Symptom Count MET**

Oppositional Defiant Disorder: At least 4 out of 8 symptoms:
***Both teachers endorsed 3 items; parent 1 item **Symptom Count NOT MET**

Conduct Disorder: At least 3 out of 15 symptoms
***No raters endorsed any items **Symptom Count NOT MET**



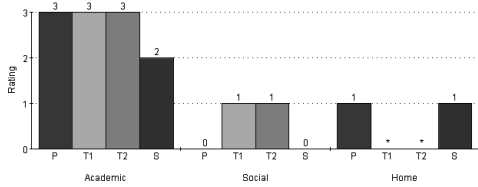
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Step 5a: Integrate results across multiple raters
Impairment



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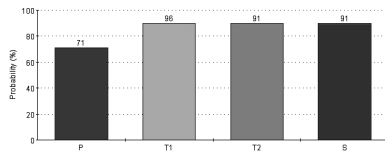


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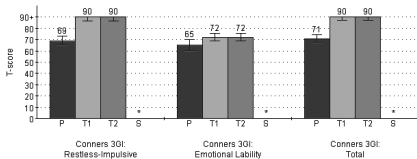


Step 5a: Integrate across multiple raters.

Conner AI



Conners CGI



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Step 5a:
Integrate Results across multiple raters

Anxiety Screener Items:

- "Worries about many things." (Parent-2; Self-2)
- "Has trouble controlling his/her worries." (Parent-1; Self-1)
- "Appears on edge, nervous, or jumpy." (All-2)
- "Becomes irritable when anxious." (Parent-2; Self-2; Teachers-1)

Depression Screener Items:

- "Feels worthless." (none endorsed)
- "Seems tired; has low energy." (none endorsed)
- "Has lost interest or pleasure in activities." (none endorsed)
- "Is sad, gloomy, or irritable for many days at a time." (none endorsed)

Severe Conduct Critical Items

Were any endorsed?



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Step 5b: Integrate with other sources of information

- Observation
- Interview
- Student Records
- Background/History
- Other assessments, rating scales, reports



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Step 6:
Report Results

- Assessment Report
- Comparative Report
- Feedback Handout
- Copy and past sections of reports into your own document



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Intervention Planning with the Conners 3

*Labeling a problem
does not usually solve the problem, unless
it
leads to
a plan for change?*



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Intervention Planning with the Conners 3

- Based upon the available information, does Susan qualify to receive services under IDEA?

Intervention Suggestions

- Ask rater to indicate up to 5 items that they think are the most crucial to address during treatment.
- Translate most elevated items into treatment targets.
- Consider responses to “additional questions”



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Intervention Planning with the Conners 3

Susan S.

- Based on elevations on the Conners 3, what **broad** treatment categories should the IEP address?
- What individualized strategies should or could be generated in order to help Susan meet her goals?

Example: Susan’s homeroom teacher will teach her to write down key words from her questions, so she can remember her question to ask once the teacher stops talking, instead of calling out while the teacher is still speaking.



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Treatment Monitoring with the Conners 3

- American Academy of Pediatrics recommendation

Procedural Considerations

- Administer at least twice before beginning intervention/treatment.
- Consider times of day that the rating scale is administered, especially when monitoring the effects of medication.
- Administer during school-year.
- Consider raw scores as well as T-scores.
- Consider statistical significance vs. clinical significance.



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Conners 3rd Edition: Measuring Change

How do I know if a change in Conners scores over time is statistically and/or clinically significant?

- If we have implemented an intervention and are measuring change - how do we know if the difference is significant or not?
- Important consideration for RTI programs and Evidence Based Practice issues in Health Care.
- Jacobson & Truax (1991) method of calculating a Reliable Change Index (RCI).
- RCI values are based on a 90% confidence interval.
- A change in scores that meets or exceeds the RCI value can be considered to be a statistically significant change 90% of the time.
- Liberal criteria was used to better ensure that important changes in scores are not missed.



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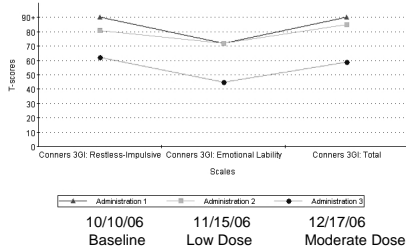




Treatment Monitoring with the Conners 3

Susan S. (Ms. Metry)

T-scores: Comparison across Administrations



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Conners 3: Summary

- History
- Key features
- What's new and different
- Technical details
- Content
- Administration and Scoring
- Interpretation and reporting



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Review: How is the Conners 3 linked to the DSM-IV?

- DSM-IV TR diagnosis of ADHD:
 - Symptom count (**DSM-IV TR scales on C3**)
 - Some present before 7 years old
 - Persist for at least 6 months (**repeat administrations of C3**)
 - Inconsistent with developmental level
 - (**T scores on C3**)
 - Pervasive across at least two settings (**multi-informant P, T, S**)
 - Impairing in everyday functioning (**Impairment items on C3**)
 - Differential diagnosis (**including co-morbidity – profile analysis on C3**)



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How is the Conners 3 linked to IDEA 2004?

- The Conners 3 help you with IDEA 2004:
 - Evaluation procedures
 - Overidentification and disproportionality
 - Educational needs
 - Eligibility for special education and related services
 - IEP development, review, and revision
 - Positive behavioral interventions
 - RTI



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Evaluation Procedures

- Use assessment tools that are not racially or culturally discriminatory: *Representative normative sample of the Conners tools reduces racial and cultural bias.*
- Select assessment materials in the child's native language: *Conners tools are available in English and Spanish versions.*
- Assess specific areas of educational need: *Conners tools provide scores for specific concerns that directly impact education.*
- Do not determine an appropriate educational program based on a single procedure: *Conners tools are designed to be used with multiple informants across multiple settings within the context of a multimodal evaluation.*



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Overidentification & Disproportionality

- The federal government has mandated that we must work together to reduce disproportionate representation of racial and ethnic groups in special education and related services, to the extent the representation is the result of inappropriate identification.



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Conners & Educational Needs

- The Conners tools help you fulfill the requirement to determine the nature and extent of Special Education and Related Services needed, including academic and behavioral
- IDEA 2004 (and commentary in the Federal Register) indicate needs may include:
 - Parent counseling and training
 - Facilitate social-emotional learning



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Conners & Eligibility

- Determine eligibility for special education and related services
- Identify possible IDEA category/categories (or areas of developmental delay) that describe the student's needs

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How can the Conners assist in the development of IEPs?

- **The Conners tools can help you:**
 - Develop goals for initial IEP,
 - Measure progress toward goals during regular review of the IEP,
 - Suggest new or updated goals for IEP revisions

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How can the Conners assist with Positive Behavior Intervention Supports (PBIS)?

- **The Conners tools can help you:**
 - Identify need for positive behavioral interventions,
 - Establish baselines for the behaviors,
 - Suggest targets for intervention plans,
 - Monitor progress in behaviors,
 - Support decisions to discontinue or increase positive behavioral supports.

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RTI and IDEA 2004

- General model of RTI is broader than represented in IDEA 2004 (not just limited to LD) and includes the concept of universal screening
- **IDEA 2004 references RTI in two ways:**
 - Determination of SLD (as an alternative to the discrepancy model).
 - Important for early identification of academic and behavioral struggles in students grades K-12, including intervention and monitoring.



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Connors and RTI

- Suggest need for comprehensive evaluation to determine the existence of a specific learning disability
- Identify students (grades K-12) who require academic and/or behavioral supports in order to succeed in the general education setting
- Clarify targets for interventions
- Provide objective way to monitor student response to intervention
- Objective way to identify at-risk children without bias due to race or ethnicity



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Connors and RTI

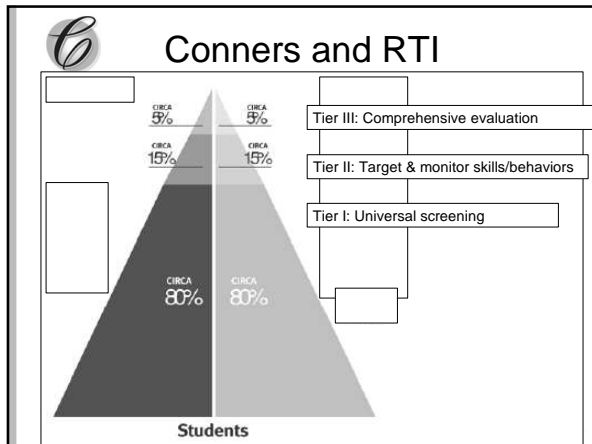
- **Within the context of IDEA 2004:**
 - Suggest which students need comprehensive evaluation for a specific learning disability
 - Identify students who need early intervening services
 - Develop and monitor early intervening services
 - Provide objective way to monitor student response to intervention
- **Within the broader context of the RTI model:**
 - Use in universal screening to identify students who are at risk for academic, social, emotional, and/or behavioral problems
 - Objective way to identify at-risk children without bias due to race or ethnicity
 - Target symptoms for treatment
 - Monitor progress in treatment
 - Indicate areas to be addressed in a comprehensive evaluation



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Overview of Workshop

- Research and Development**
 - Things considered during development
 - Why is it important to assess ADHD specifically?
 - DSM-IV: strengths, weaknesses, and utility in the schools
 - How is the Conners 3 directly linked to the DSM-IV and how does it address the limitations to the DSM-IV?
 - ADHD and co-existing disorders
 - Differential diagnosis
- Introduction to the Conners 3rd Edition (C3)**
 - Key Features
 - Standardization, Reliability, and Validity
 - Development and Reliability of the Conners 3 Spanish Forms
 - Content and Structure
 - Administration and Scoring
 - Interpretation: Case Study
- Intervention Planning with the Conners 3**
- Treatment Monitoring with the Conners 3**
- Discuss linkage between IDEA, DSM-IV TR, & Conners scales**

Questions?

Feel free to contact me anytime with questions at danielle.politi@mhs.com .

Thank you!



