



Conners 4th Edition (Conners 4®)
MULTI-RATER REPORT
 C. Keith Conners, Ph.D.

Type	Parent	Teacher	Self-Report	-	-
Youth					
Name/ID	Dean McDowell/382634				
Gender	Male	Male	Male	-	-
Age at Time of Rating	12	12	12	-	-
Rater					
Name/ID	Bob McDowell	Todd Frie	-	-	-
Relationship to Youth	Biological parent	-	-	-	-
Class(es) Taught	-	French	-	-	-
Other					
Administration Date	December 12, 2023	December 12, 2023	December 12, 2023	-	-

This report combines the results of up to five raters to provide an overview of the youth’s behavior from a multi-rater perspective and highlights potentially important inter-rater differences and similarities in scores. For detailed information about any given administration, please refer to the Conners 4 Single-Rater reports. Note that the age range for the Parent and Teacher forms is 6 to 18 years, and for the Self-Report form is 8 to 18 years. **This report is intended for use by qualified individuals.**

Response Style Analysis

Metric	Parent	Teacher	Self-Report	-	-
Negative Impression Index (Raw Score)	5	3	4	-	-
Inconsistency Index (Raw Score)	0	>> 4	4	-	-
Omitted Items	0	0	0	-	-
Pace (Avg. # Items/Min)	>> 24.0	9.0	12.0	-	-

Critical & Indicator Items

Response Key: 0 = Not true at all (Never/Rarely); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often/Quite a bit); 3 = Completely true (Very often/Always); ? = Omitted item

Severe Conduct Critical Items	Parent	Teacher	Self-Report	-	-
Stealing while confronting someone	0	0	! 1	-	-
Setting fires to cause damage	0	0	0	-	-
Breaking and entering	0	0	0	-	-
Cruelty to animals	0	0	0	-	-
Using a weapon	0	0	0	-	-
Forcing sexual activity	0	0	0	-	-

Note. Immediate follow-up is recommended based on responses to one or more of the Severe Conduct Critical Items.

Self-Harm Critical Items	Parent	Teacher	Self-Report	-	-
Harming self deliberately	0	! 3	0	-	-
Talking about, planning, or attempting suicide (Parent and Teacher only)	0	! 1	-	-	-
Thinking about harming self (Self-Report only)	-	-	0	-	-
Planning or attempting to harm self (Self-Report only)	-	-	! 1	-	-

Note. Immediate follow-up is recommended based on responses to one or more of the Self-Harm Critical Items.

Sleep Problems Indicator	Parent	Teacher	Self-Report	-	-
Having trouble sleeping (Parent and Self-Report only)	>> 2	-	>> 3	-	-
Appearing tired (Parent and Teacher only)	0	>> 2	-	-	-
Feeling tired (Self-Report only)	-	-	>> 3	-	-

CONNERS 4 SCALES

Content Scales

		Parent (P)	Teacher (T)	Self-Report (SR)	-	-	Significant Differences Between Raters ($p < .10$)
Inattention/ Executive Dysfunction	T-score	71	71	70	-	-	No significant differences between raters.
	90% CI	68–74	68–74	67–73	-	-	
	Guideline	Very Elevated	Very Elevated	Very Elevated	-	-	
Hyperactivity	T-score	62	50	58	-	-	P > T SR > T
	90% CI	58–66	46–54	53–63	-	-	
	Guideline	Slightly Elevated	Average	Average	-	-	
Impulsivity	T-score	63	58	64	-	-	No significant differences between raters.
	90% CI	59–67	54–62	58–70	-	-	
	Guideline	Slightly Elevated	Average	Slightly Elevated	-	-	
Emotional Dysregulation	T-score	67	70	72	-	-	No significant differences between raters.
	90% CI	63–71	67–73	67–77	-	-	
	Guideline	Elevated	Very Elevated	Very Elevated	-	-	
Depressed Mood	T-score	55	67	78	-	-	SR > P, T T > P
	90% CI	50–60	63–71	73–83	-	-	
	Guideline	Average	Elevated	Very Elevated	-	-	
Anxious Thoughts	T-score	55	52	62	-	-	SR > T
	90% CI	50–60	46–58	57–67	-	-	
	Guideline	Average	Average	Slightly Elevated	-	-	

Notes. CI = Confidence Interval

The ">" symbol indicates a statistically significant difference between raters.

Impairment & Functional Outcome Scales

		Parent (P)	Teacher (T)	Self-Report (SR)	-	-	Significant Differences Between Raters ($p < .10$)
Schoolwork	T-score	69	71	73	-	-	No significant differences between raters.
	90% CI	64–74	67–75	67–79	-	-	
	Guideline	Elevated	Very Elevated	Very Elevated	-	-	
Peer Interactions	T-score	64	71	67	-	-	No significant differences between raters.
	90% CI	60–68	67–75	60–74	-	-	
	Guideline	Slightly Elevated	Very Elevated	Elevated	-	-	
Family Life	T-score	64	n/a	71	-	-	No significant differences between raters.
	90% CI	60–68	n/a	64–78	-	-	
	Guideline	Slightly Elevated	n/a	Very Elevated	-	-	

Notes. CI = Confidence Interval
n/a = not applicable; the Family Life scale does not appear on the Conners 4 Teacher.

DSM Symptom Scales

		Parent (P)	Teacher (T)	Self-Report (SR)	-	-	Significant Differences Between Raters ($p < .10$)
ADHD Inattentive Symptoms	T-score	70	70	70	-	-	No significant differences between raters.
	90% CI	66–74	67–73	65–75	-	-	
	Guideline	Very Elevated	Very Elevated	Very Elevated	-	-	
	Symptom Count	7/9	9/9	9/9	-	-	
ADHD Hyperactive/ Impulsive Symptoms	T-score	66	56	61	-	-	P > T
	90% CI	62–70	52–60	56–66	-	-	
	Guideline	Elevated	Average	Slightly Elevated	-	-	
	Symptom Count	5/9	2/9	3/9	-	-	
Total ADHD Symptoms	T-score	70	64	67	-	-	P > T
	90% CI	66–74	61–67	63–71	-	-	
	Guideline	Very Elevated	Slightly Elevated	Elevated	-	-	
	Symptom Count	5/9	2/9	3/9	-	-	
Oppositional Defiant Disorder Symptoms	T-score	63	57	63	-	-	P > T
	90% CI	60–66	54–60	58–68	-	-	
	Guideline	Slightly Elevated	Average	Slightly Elevated	-	-	
	Symptom Count	5/8	1/8	4/8	-	-	
Conduct Disorder Symptoms	T-score	58	53	60	-	-	SR > T
	90% CI	55–61	50–56	56–64	-	-	
	Guideline	Average	Average	Slightly Elevated	-	-	
	Symptom Count	2/15	2/13	2/15	-	-	

Notes. CI = Confidence Interval

The ">" symbol indicates a statistically significant difference between raters.

Conners 4–ADHD Index

		Parent	Teacher	Self-Report	-	-
Conners 4–ADHD Index	Probability Score	94%	84%	90%	-	-
	Guideline	Very High	High	Very High	-	-

GLOSSARY

This glossary provides descriptions of content for the Conners 4 Multi-Rater Report. Please refer to the Conners 4 Manual for more information about interpretation and the development of these scores.

Content Area		Description
Response Style Analysis	Negative Impression Index	Describes improbable symptoms or unlikely presentations of problems or behaviors.
	Inconsistency Index	Indicates the level of inconsistency in responses to similar items.
	Omitted Items	Provides the total number of items omitted by the rater.
	Pace (online administration only)	Provides the average number of items the rater completed per minute.
Critical & Indicator Items	Critical Items*	Contains two sets of critical items. Severe Conduct Critical Items represent severe misconduct and behaviors that describe past violence, destructive behaviors, or harm to others. Self-Harm Critical Items consist of items that ask about past self-injurious thoughts or behavior.
	Sleep Problems Indicator	Contains items that reflect behaviors that may suggest problems or difficulties with sleep.
Content Scales	Inattention/Executive Dysfunction	Relates to issues the youth may have with focusing, sustaining, and shifting attention, as well as self-management.
	Hyperactivity	Reflects the youth's level of motor or verbal activity and restlessness.
	Impulsivity	Reflects difficulties a youth may have with response inhibition.
	Emotional Dysregulation	Reflects the youth's experience of, or difficulty with, regulating or managing emotions (can include emotional impulsivity, anger management, and over-reacting).
	Depressed Mood	Assesses features of depression.
Impairment & Functional Outcome Scales	Anxious Thoughts	Reflects the youth's experience of, and difficulty with, regulating fears and worries.
	Schoolwork	Reflects typical problems or difficulties that youth with ADHD experience in their schoolwork.
	Peer Interactions	Reflects typical problems that youth with ADHD experience when interacting with peers.
	Family Life	Reflects typical problems or difficulties that youth with ADHD experience or contribute to in family interactions.

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GLOSSARY (continued)

Content Area		Description
DSM Symptom Scales**	ADHD Inattentive Symptoms	Reflects each of the DSM Diagnostic Criteria A for DSM ADHD Predominantly Inattentive Presentation.
	ADHD Hyperactive/Impulsive Symptoms	Reflects each of the DSM Diagnostic Criteria A for DSM ADHD Predominantly Hyperactive/Impulsive Presentation.
	Total ADHD Symptoms	Combines all items from DSM ADHD Inattentive and DSM ADHD Hyperactive/Impulsive symptom scales to provide a dimensional representation of the ADHD symptoms, irrespective of presentation type.
	Oppositional Defiant Disorder Symptoms	Reflects each of the DSM Diagnostic Criteria A for DSM Oppositional Defiant Disorder.
	Conduct Disorder Symptoms*	Reflects each of the DSM Diagnostic Criteria A for DSM Conduct Disorder.
Conners 4–ADHD Index***		Suggests the probability of an ADHD classification by identifying whether the youth’s ratings are more similar to those of youth who have an ADHD diagnosis or those of youth from the general population, after accounting for age.

*The administrator has the ability to disable these items. If disabled, these items were not part of the assessment (i.e., the rater did not see these items) and were not part of the report. When a critical item is endorsed, meaning a response that is anything other than 0, “Not true at all (Never/Rarely)”, **immediate follow-up is strongly recommended**. Additional information should be gathered through interviews with family and close friends, as well as the youth themselves (asking the youth directly may inform if the potential for self-harm or severe conduct is present currently or only historical in nature). It is highly recommended to administer other measures that go beyond the screening items to explore these areas further when they have been flagged on the Conners 4.

**A Symptom Count of at least 5/9 Inattentive symptoms and/or at least 5/9 Hyperactive/Impulsive symptoms is required to meet DSM Criterion A for ADHD. A Symptom Count of at least 5/9 on both DSM Inattentive Symptoms and Hyperactive/Impulsive Symptoms is required to meet DSM Criteria for ADHD Combined. For older adolescents and adults (ages 17+), at least 6/9 symptoms is required. DSM requires at least 4/8 symptoms for Oppositional Defiant Disorder and 3/15 symptoms for Conduct Disorder. For teachers, two Criteria from the DSM Conduct Disorder scale are not asked (Criterion A13, staying out at night without permission; Criterion A14, running away from home), as most teachers do not directly observe these symptoms. The Symptom Count presented is based on the remaining criteria and may be underestimated. Symptom Counts are not applicable to DSM Total ADHD Symptoms. Symptom Count scores for all DSM Symptom Scales contribute to diagnostic assessment but are not sufficient for determining a diagnosis. Please refer to the Conners 4 Manual for interpretive considerations.

***Note that complexity in the score profile can occur. If the Conners 4–ADHD Index probability score does not align with the scores on the remaining Conners 4 Scales, it is best to turn to the scale- and item-level elevations of the Conners 4 Content and DSM Symptom Scales to guide decisions about diagnosis and treatment.

Additional Questions

Impact of Symptoms in Functional Domains (at home, at school, or with their friends)

Parent: My son is doing okay at home as he is completing most of his chores with some reminders. But at school, he is really struggling to stay on top of his classwork and homework. He is not able to focus on his work. He is also having trouble maintaining relationships with school mates, but is okay at interacting online with friends online while playing video games.

Teacher: He is not putting in the effort to complete his class assignments or homework. He's not studying for tests and is constantly handing things in late. I know that he's capable of doing better.

Self-Report: I feel like I'm not doing anything right. I want to do better at school, but it's hard to stay on top of everything.

SAMPLE

Additional Questions (continued)

Other Concerns

Parent: He's not doing well at school and forgets class notes and books at school or home.

Teacher: His reading skills are delayed compared to where he should be.

Self-Report: No response provided.

SAMPLE

Additional Questions (continued)

Strengths/Skills

Parent: He's very good at video games and enjoys playing with his younger brother and online friends.

Teacher: He's good at following classroom rules.

Self-Report: I'm really good at video games

SAMPLE