

Conners C K. A teacher rating scale for use in drug studies with children.
Amer. J. Psychiat. 126:884-8, 1969.
[Harvard Medical School and Massachusetts General Hospital, Boston, MA]

A symptom-rating scale for teachers was composed from 39 common behavioral problems in children. Evidence for the reliability and validity of the scale and its sensitivity to stimulant drugs was presented. [The SSCI® indicates that this paper has been cited in over 580 publications.]

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When I first began studying drug effects in children with psychiatric problems, symptom ratings by teachers and parents had already been collected on several hundred outpatient children by Leon Eisenberg and colleagues at Johns Hopkins Hospital. It occurred to me that other investigators might find a brief symptom scale useful in similar treatment studies. I proceeded to collect data from normal schoolchildren, a much easier task in those days (early 1960s) when access to research in schools was relatively simple.

By factor analysis, it was possible to show that dimensions of hyperactivity and conduct disorder, among others, clearly emerged, and it was then possible to use factor scales for describing the main dimensions of psychopathology. I subsequently found that a brief 10-item scale composed of the items that loaded most strongly on the 5 main factors was

both sensitive to drug treatments and reasonably reliable.

I was quite surprised to find that the scales soon became a standard for "diagnosis" of hyperactivity, a role I had never envisioned for them. However, it was obvious that many investigators needed simple, economical, and treatment-sensitive measures that covered a broad range of psychopathology. Demand for the scales became so large that we undertook a random household survey to standardize revised scales.¹ Subsequent normative standardizations on large samples were carried out by others and the basic factor structure replicated.^{2,3} By now, the scale has been translated into many languages, and several investigators from foreign countries have collected norms of their own, often on much larger samples than in the original studies.

I have often speculated on the reason why such simple symptom ratings have been so popular. There are probably several reasons. First, I never copyrighted or charged for their use, encouraging investigators to freely employ them whenever they wrote for permission. Second, keeping the scales brief and "telegraphic" in their language is appealing, and respondents find the simple words and phrases like "excitable, impulsive," and "restless in the 'squirmy' sense" easy to understand. Since the scales are "global," they allow people to synthesize their observations into judgments that make intuitive sense while staying at a level of direct observation. Keeping the judgments at a middle level—neither too specific nor too global—seems to have been a useful concept. Finally, the use of drugs in children has been a controversial and important topic, and an instrument that respected the information on this topic provided by teachers and parents in the evaluation process was crucial in furthering these studies.

1. Goyette C H, Conners C K & Ulrich R F. Normative data on revised Conners parent and teacher rating scales. *J. Abnormal Child Psychol.* 6:221-36, 1978. (Cited 155 times.)
2. Glow R A, Glow P H & Rump E E. The stability of child behavior disorders: a one year test-retest study of Adelaide versions of the Conners teacher and parent rating scales. *J. Abnormal Child Psychol.* 10:33-60, 1982.
3. Trites R L, Blouin A G A & Laprade K. Factor analysis of the Conners Teacher Rating Scale based on a large normative sample. *J. Consult. Clin. Psychol.* 5:615-23, 1982.

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