

DOCUMENT SUMMARY

This 2019 paper, while focused on developing a new tool to detect feigned ADHD (the ASIS), provides a devastating review of the fundamental flaws in current adult ADHD assessment practices. It offers extensive, cited evidence that the cornerstones of a typical evaluation—the DSM-5 criteria and standard self-report rating scales—are non-specific, unreliable, and easily falsified, leading to a high risk of misdiagnosis. This research strongly supports Enliten's mission by demonstrating that the problems with standardized testing are not unique to autism and that a new, more valid approach is desperately needed for neurodevelopmental assessment as a whole.

FILENAME

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METADATA

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FORMATTED CONTENT

Why This Matters to Enliten

This paper is a treasure trove of evidence that proves the standardized testing model is fundamentally broken for adult ADHD assessment. It meticulously documents the unreliability of the very tools and criteria that form the basis of a conventional diagnosis, providing powerful justification for the Enliten approach. We can use the specific statistics and studies cited here to demonstrate that the flaws in the system are pervasive across neurodevelopmental conditions, not just autism. This research is crucial ammunition for our whitepaper and for making the case to clients that a more nuanced, interview-based approach is necessary for an accurate understanding of any brain.

The Systemic Failure of Standard ADHD Assessment

The background and rationale presented in this paper amount to a comprehensive indictment of current ADHD assessment practices.

1. DSM-5 Criteria are Unreliable and Easy to Feign

The diagnostic criteria themselves are a poor foundation for accurate assessment because they are subjective and lack specificity.

- The symptoms are nonspecific and are endorsed by a large number of adults without ADHD, particularly college students.
- A study found that typical college students without an ADHD diagnosis endorsed an average of **4.5 out of the 18 DSM-5 symptoms**.
- Because of this high endorsement rate in the general population, the positive predictive power of the DSM criteria was found to be only **.52**, meaning that endorsing six or more symptoms does not yield a confident diagnosis.

2. Standard Self-Report Scales are "Easily Falsifiable"

Research has consistently shown that the primary tools used in adult ADHD evaluations—self-report behavioral rating scales—can be easily faked.

- Multiple studies have found that common ADHD self-report scales are all **"significantly falsifiable"**, including the Wender Utah Rating Scale (WURS), the Conners Adult ADHD Self-Report of Symptoms (CAARS), the Brown Adult ADD Scale, and the ADHD Rating Scale (ARS).
- A 2003 study by Quinn represents a "striking example" of this issue: on the ADHD Behavior Checklist, a group of college students simulating ADHD scored in the clinical range, while the mean scores for the group actually diagnosed with ADHD **did not**.
- Another study concluded that in a typical evaluation, **more than 60% of individuals demonstrating suspect effort may be incorrectly diagnosed with ADHD**.

3. Existing Validity Scales are Inadequate

Attempts to build validity measures into existing ADHD scales have proven to be largely ineffective.

- Many common ADHD self-report forms have **no scales at all** to identify non-credible responding (e.g., the Barkley Adult ADHD Rating Scale).
- The validity scales on the CAARS and the Attention Deficit Scales for Adults are only designed to detect random or inconsistent responding, not intentional feigning or exaggeration.
- One study on the Conners Infrequency Index found "unsatisfactory" classification rates, with a sensitivity of .52 and specificity of .65. Multiple other studies have also reported large variations and poor classification rates for this index.

The Context: Secondary Gain and Misdiagnosis

The paper highlights the societal factors that place the broken assessment system under immense pressure, leading to a high likelihood of false positives.

- **The "Neuroenhancer" Myth:** There is a widespread belief among students that stimulant medications act as cognitive enhancers, improving focus and memory for

anyone, regardless of ADHD status. This makes a prescription an attractive form of secondary gain.

- **High Rates of Diversion:** 84% of students with a stimulant prescription had been asked to give their medication to a peer, and 54% had been asked to sell it. This shows that having a prescription subjects individuals to pressure for illegal diversion of their medication.
- **High Rates of Feigning:** Prior studies using symptom validity tests estimate the rate of feigning during ADHD evaluations ranges from **14.6% to 47.6%** in college student samples.
- **Clinicians Aren't Checking for Feigning:** Despite these high rates, an examination of psychological reports for ADHD found that only **3%** contained evidence that symptom validity tests (SVTs) had been used.

Consequences of an Inaccurate System

The failure to accurately diagnose ADHD has serious consequences for both individuals and society.

- **Medication Risks:** Inaccurately diagnosed individuals are exposed to unnecessary risks from medication side effects, which can range from common issues like insomnia and decreased appetite to rare but severe events like seizures, psychosis, stroke, cardiac arrest, and death.
- **Erosion of Public Trust:** A large number of false positives likely contributes to the belief that ADHD is "not real," an opinion held by 22% of respondents in one survey. This can lead to a reluctance to provide resources to adults with genuine ADHD symptoms.
- **Strained Resources:** False positives may strain the limited resources available to individuals with ADHD, such as academic accommodations and technology.