

the ADHD R E P O R T

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Volume 27

Number 2

ISSN 1065-8025

April 2019

Neuropsychological Testing in ADHD: A Special Issue

Neuropsychological Testing is Not Useful in the Diagnosis of ADHD: Stop It (or Prove It)!

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Every week in the United States, thousands of people are evaluated for ADHD. In many instances, though not always, neuropsychological testing is being employed as part of a larger psychological evaluation. Such testing is often required by referring agencies to establish the diagnosis of ADHD. Standardized testing agencies, professional license examining boards, the Social Security Administration, and universities, employers, and others considering granting accommodations or entitlements for ADHD under the Americans with Disabilities Act often require that such testing be done as part of their documentation for establishing the diagnosis of ADHD. Public school systems may also require such testing in order to grant special educational services and accommodations under the Individuals with Disabilities in Education Act or Section 504 of the Civil Rights Act. But is such testing actually useful—accurate—in establishing the diagnosis of ADHD? I do not believe it is, and I think the available evidence supports that conclusion.

Some of my academic colleagues may believe that I am setting up a straw man to knock down, since, they believe, the use of neuropsychological tests to diagnose

ADHD is not a widespread practice. I respectfully disagree. It is difficult to appreciate the scope of the problem because there is no convenient way to sample the range of neuropsychological reports being generated in clinical practice in the U.S. Nevertheless, it is my opinion that the practice is widespread. My conclusion comes from reviewing documentation submitted to testing and licensing agencies, reviewing psychological evaluations of children and adults for cases referred to medical centers, engaging thousands of professionals each year through my lectures on ADHD, and comprehensively reviewing ADHD research published on a weekly basis.

The use of neuropsychological testing for diagnosing ADHD is not just a prob-

lem in clinical practice, though clinical practice is largely the focus of this critique. But this bias can also be seen in research articles on EF and ADHD where authors conclude their articles by making encouraging statements about the value of particular EF tests for the clinical diagnosis of ADHD in view of their results. Yet their results usually only deal with mean differences between groups having ADHD, meta-analyses of such group differences, and statistics involving sensitivity and specificity. None of these speak to the individual classification of cases as is done in clinical diagnosis, as I discuss below.

Let me be very clear here; the following remarks do not pertain to the value of neuropsychological—much less psychological—*evaluations* in the diagnosis

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