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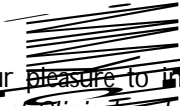
Assessing adult ADHD: New research and perspectives

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It is our pleasure to introduce this special issue of the *Journal of Clinical and Experimental Neuropsychology* on the assessment of adult ADHD. We present a mix of empirical and review articles covering diverse aspects of of

somewhat differently in adults than in children, the diagnostic criteria for adults are essentially the same as those for children. (Only five clinical symptoms are needed in a domain, rather than six, but this is a minor adjustment.) Especially important is that the childhood *onset* of the disorder remains a key diagnostic criterion. Despite excitement about the possibility of “adult-onset ADHD” several years ago (e.g., Moffitt et al., 2015), there is no such established disorder, and the studies that initially appeared to find such a syndrome did not address differential diagnosis concerns. Since ADHD symptoms, particularly inattention, can be caused by virtually all disorders, the fact that an adult presents with such symptoms for the first time in their lives should not necessarily suggest ADHD, but more likely a different problem. Indeed, longitudinal research that carefully tracked the course of different symptoms in previously asymptomatic children suggests that adult onset of ADHD symptoms is typically accompanied or preceded by other disorders that can cause inattention and related behaviors (Sibley et al., 2018). Sibley et al. (2018) conducted one such analysis and concluded that “Individuals seeking treatment for late onset ADHD may be valid cases: however, more commonly, symptoms

clinicians fail to understand that self-report ADHD questionnaires have a very high false positive rate (e.g., A.G. Harrison et al., [2019](#)), they may not understand that high levels of self-reported symptoms alone are not sufficient to verify the presence of adult ADHD. This lack of awareness may explain why so many clinicians ignore all of the DSM-5

research has suggested that very low scores on a continuous performance test's primary indices can themselves be a red flag for noncredible data. Pollock et al. found that this holds true for the TOVA as well. These investigators used cluster analysis to identify different common profiles of TOVA scores, and found that a

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