No Kidding: Validity Testing in the Assessment of School-Aged Children and Adolescents

Dr. Allyson G. Harrison, Ph.D., C.Psych
Clinical Director
Regional Assessment Centre
Queen's University

Financial Disclosure

I have financial relationships to disclose:

Employee of: Queen's University, Kingston, On.

Consultant for: LSAC, AAMC, NBOME

Stockholder in: nothing that has made money

Research support from: Ontario Ministry of Training, Colleges and Universities

Warning

- Posts or texts with foul language will be presented

Objectives

Following this workshop participants will be able to:

1. List and describe the performance and symptom validity measures validated for use with children and adolescents.
2. Assess the appropriateness of existing Performance and/or Symptom Validity Tests for specific referral questions
3. Describe the difficulty evaluating the credibility of a patient's performance when focused only on scores obtained during traditional psychometric tests.
4. Explain at least three reasons why a paediatric client might perform poorly on measures of test-taking effort.
5. Create a feedback script for use in cases of demonstrated low effort.

Why give validity tests?

"*It is almost self-evident that test results will be unreliable and misleading if those undergoing assessments do not make a full effort on testing. Nevertheless, objective tests of effort have not typically been used with young adults to determine whether test results are valid or not.*"

Harrison, Green&Flaro, 2012

Validity Testing

- Determines whether client is fully engaged in and/or complying with the demands of test-taking in order to do well (Brooks, 2012; Carone, 2008)
- Scoring below empirical cutoffs means that the results cannot be assumed to be reliable or valid reflections of the patient's capabilities.
- Scores below cut off don't provide reason for poor effort/exaggeration.

Noncredible Presentation

- ***Noncredible performance*** =performing on a task in an invalid fashion, in a way that suggests impairment
- ***Noncredible report*** =reporting symptoms in an invalid fashion, usually feigning or grossly exaggerating symptoms

PVT vs SVT

- PVT
  - Objective measures intended to evaluate validity during performance-based tests (Larrabee, 2012).
  - Relatively insensitive to ability-based problems.
  - Most school-aged children can pass.
  - Free standing or embedded.
- SVT
  - Validity on self-report measures
  - Meant to capture exaggeration/feigning of self-reported symptoms.
  - Usually "faking bad" psychiatric symptoms

Assessment of pediatric clients typically occur….

- Assessment b/c child/adolescent experiencing problem:
  - School
  - Functioning after accident/injury
  - Legal/disability benefits
- Dx of neurological/neurodevelopmental disorders is difficult at best of times
- Hard to diagnose rare/unusual conditions

Practical aspects of testing

- Most school psychologists have limited testing time
- Not all testing may be done by psychologist
- Third party payers may not reimburse for time taken to give SVT/PVT
- Exaggeration/feigning not typical r/o for school psychologist
- Myth that children don't feign/exaggerate

Practical aspects of testing

- Tested by:
  - School based personnel for LD/ADHD/ID
  - In hospital for TBI & other neurodevelopmental
  - Private Psychologists LD/ADHD/TBI/Disability Benefits
- Use of PVT/SVTs "virtually nonexistant among school psychologists" (DeRight & Carone, 2013 p. 3).
- Psychologists rarely use unless in forensic context
- Discount results even if do use
- Yet position papers says SVT/PVT essential

Base rates of common conditions

- LD/ADHD most commonly dx developmental disorders in US (CDC 2014).
  - LD 7.66%
  - ADHD 6.99%
- Children with LD/ADHD represent 42% of all students with disabilities in K-12 of USA & 63% of all children with disabilities in CDN school system

TBI

- Approximately half a million children between the ages of birth and 14 years are admitted to emergency rooms each year in the United States for TBIs (Faul, Likang, Wald, & Coronado, 2010).
- 6/1000 young people each year experience MTBI (Cassidy et al, 2014)
- Children 0-4 yrs, and those 15 to 19 years of age, most likely to suffer a TBI. Falls for younger, sports for older
- Gender differences exist, with males being 59% more likely to experience a TBI compared to females, especially from birth to four years of age (Faul et al., 2010).

Base rate for low effort?

- Problem getting criterion group
- Base rate for suspected exaggeration/low effort in higher than base rates for actual disorders
- Kirkwood & Kirk 2010 est 17% pediatric mild tbi
- Chafetz (2015) estimates 60% in SSD benefit cases
- LD/ADHD: 15-47%

How easily can these disorders be feigned?

- Studies from postsecondary aged students:
  - Feigning ADHD simple
  - Feigning LD pretty easy
  - Feigning MTBI pretty easy

Get me out of here!

- Went into psychology to help people
- Feels good when we tell clients what they want to hear
- Discordant when say you cannot help
- Not like being yelled at/parent angry
- Fear of complaint
- Livelihood depends on likes/client reviews
- Dual role
- Confirmatory bias

Why clinicians not use validity tests?

- False assumption that children are unable to purposely outsmart an examiner- we know that is not true (Guillmette, 2013)
- Assume no incentive to deceive.
- Assume client want to be tested/comply
- Assume existing PVTs will overdiagnose

Consensus statements

- NAN (Bush et al., 2005)
- AACN (Heilbronner et al., 2009)

  "effort measures and embedded validity indicators should be applied in pediatric samples" p. 1107.

Issues in evaluation

- Many clients may perform in ways that do not reflect their true abilities
- One reason is outright malingering, but many other reasons
- Still invalidates test data!

38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA

Reasons for noncredible performance

- Academic leg up
  - Extra time
    - School and high stakes exams
    - SAT, ACT, state exams
  - Computers
- Disability Benefits
  - Malingering by proxy
- Stimulants
- Avoidance of responsibility/pressure
- Primary gain

38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA

Other reasons?

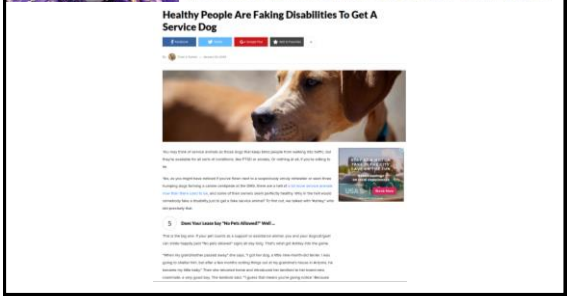
- Illness Identity (conversion presentation) Suhr & Wei (2017)
  - 3 contributing processes:
    - Attentional bias
    - Emotional bias
    - Motivational bias

38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA

Other reasons?

- Many children undergoing neuropsychological evaluations fail effort tests even when no apparent gain (Kirkwood & Kirk, 2010)
- Maybe
  - Iatrogenic
  - Boredom
  - Parental attention
  - School avoidance
  - Stereotype threat
  - Assessor attitude
  - Just not want to be there/not understand reason

38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA



38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA


NEW YORK POST

Rich parents are using doctor's notes to help kids cheat the SATs

38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA

Role of effort & motivation

- Howard Adelman & colleagues (1989)
- Found 80% of children (age 12-17) dx with RD were capable of performing reading tasks if properly motivated or engaged.
- Low score due to low engagement vs inability
- Caution clinicians not to dx LD based on data collected under low/avoidance motivation conditions.
- Asked test developers to build in ways to measure engagement.

38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA

Role of effort & motivation

- Kids with ADHD often do poorly because of motivational difficulties
- >40% high school students chronically disengage from learning & invest low effort in school.
- "Valley of motivational fatigue" boys age 13-17. Low school motivation

38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA

How well can we spot this?

- Not well!
- Guilmette 2013. Relying on subjective impression alone fraught with limitations
- Faust, Hart & Guilmette (1988)- we have chance hit rate
- Clinical bias is to believe and ignore
- Reason why we need objective measures to cue us to possibility

38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA

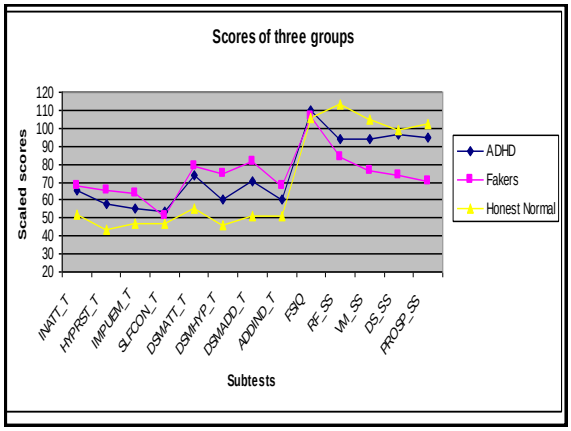
Info other than PVT/SVT

- Evidence of substantial external incentives
- Discrepancy between test data and observed behaviour/collateral reports/hx
- Discrepancy between test data and known sequellae
- ODD, passive-aggressive, blatant non-compliance

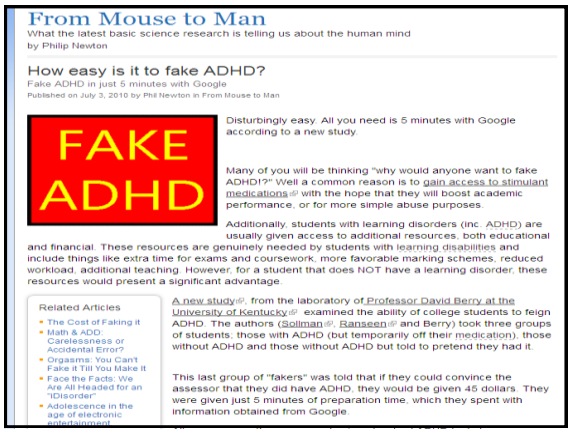
38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA

Faking on checklists

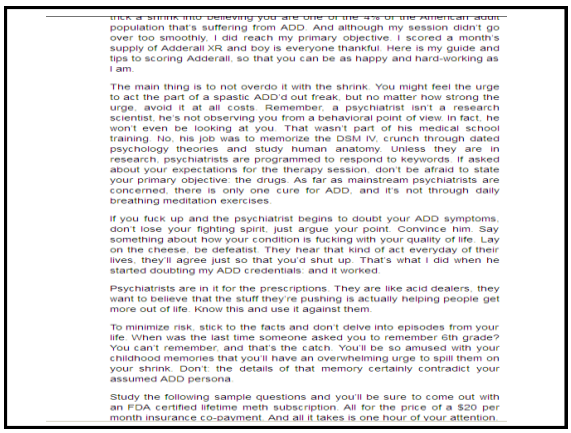
- Harrison et al 2008
- Compared 35 honest students, 35 "faking" normals and 154 diagnosed ADHD on CAARS and selected WJPB subtests
- How easily could students feign symptoms of ADHD and symptoms suggesting extra time?


Scores of three groups
Scaled scores
120
110
100
90
80
70
60
50
40
30
20
INATT_T
HYPRST_T
IMPULSM_T
SLFCON_T
DSMATT_T
DSMHYP_T
DSMADD_T
ADDIND_T
FSIQ
RF_SS
VM_SS
DS_SS
PROSP_SS
Subtests
ADHD
Fakers
Honest Normal


38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA
So....How easy is it to feign ADHD?
• Simple
• Diagnosed mainly by symptom report


From Mouse to Man
What the latest basic science research is telling us about the human mind
by Philip Newton
How easy is it to fake ADHD?
Fake ADHD in just 5 minutes with Google
Published on July 3, 2010 by Phil Newton in From Mouse to Man
FAKE ADHD
Disturbingly easy. All you need is 5 minutes with Google according to a new study.
Many of you will be thinking "why would anyone want to fake ADHD!?" Well a common reason is to gain access to stimulant medications with the hope that they will boost academic performance, or for more simple abuse purposes.
Additionally, students with learning disorders (inc. ADHD) are usually given access to additional resources, both educational and financial. These resources are genuinely needed by students with learning disabilities and include things like extra time for exams and coursework, more favorable marking schemes, reduced workload, additional teaching. However, for a student that does NOT have a learning disorder, these resources would present a significant advantage.
Related Articles
The Cost of Faking it
Math & ADD: Carelessness or Accidental Error?
Orgasms: You Can't Fake it Till You Make It
Face the Facts: We Are All Headed for an "IDisorder"
Adolescence in the age of electronic entertainment
A new study, from the laboratory of Professor David Berry at the University of Kentucky, examined the ability of college students to feign ADHD. The authors (Sollman, Ranseen and Berry) took three groups of students, those with ADHD (but temporarily off their medication), those without ADHD and those without ADHD but told to pretend they had it.
This last group of "fakers" was told that if they could convince the assessor that they did have ADHD, they would be given 45 dollars. They were given just 5 minutes of preparation time, which they spent with information obtained from Google.


MSNBC: Mark Ames and Yasha Levine Broke the Koch Brothers' Takeover of America
Vanity Fair profiles The Exile: "Gutsy...visceral...serious journalism...abusive, defamatory...poignant...paranoid...and right
MANKIND'S ONLY ALTERNATIVE SINCE 1997
THE EXILED
WAR NERD MARK AMES YASHA LEVINE EILEEN JONES JOHN DOLAN HEADLINES ABOUT SEARCH Follow
eXiled Alert! We just launched the S.H.A.M.E. media transparency project to expose the shills and corporate lackeys who manipulate the public and perpetuate oligarchy power. Check it out. And contribute using PayPal or WePay...
I'm a budding politician. What drug should I take to seem interested?
Published: December 18th, 2008
EXILE CLASSIC / JUNE 29, 2006
ADDERALL TIPS: HOW TO CONVINCE YOUR SHRINK YOU HAVE ADD/ADHD
By Abram Magomedov
Get on The eXiled's mailing list.
Sign me up!
AD/HD
HAVE YOU NO SHAME!

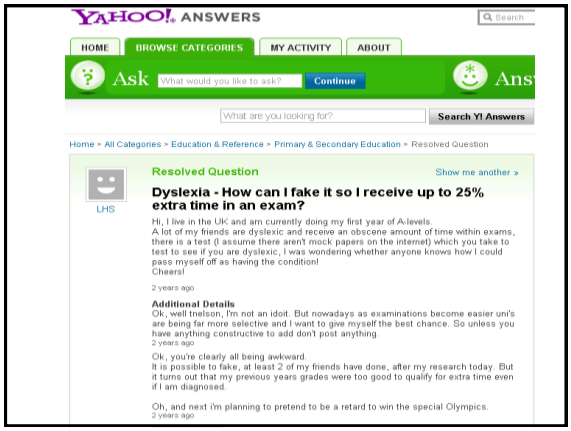

population that's suffering from ADD. And although my session didn't go over too smoothly, I did reach my primary objective. I scored a month's supply of Adderall XR and boy is everyone thankful. Here is my guide and tips to scoring Adderall, so that you can be as happy and hard-working as I am.
The main thing is to not overdo it with the shrink. You might feel the urge to act the part of a spastic ADD'd out freak, but no matter how strong the urge, avoid it at all costs. Remember, a psychiatrist isn't a research scientist, he's not observing you from a behavioral point of view. In fact, he won't even be looking at you. That wasn't part of his medical school training. No, his job was to memorize the DSM IV, crunch through dated psychology theories and study human anatomy. Unless they are in research, psychiatrists are programmed to respond to keywords. If asked about your expectations for the therapy session, don't be afraid to state your primary objective: the drugs. As far as mainstream psychiatrists are concerned, there is only one cure for ADD, and it's not through daily breathing meditation exercises.
If you fuck up and the psychiatrist begins to doubt your ADD symptoms, don't lose your fighting spirit, just argue your point. Convince him. Say something about how your condition is fucking with your quality of life. Lay on the cheese, be defeatist. They hear that kind of act everyday of their lives, they'll agree just so that you'd shut up. That's what I did when he started doubting my ADD credentials: and it worked.
Psychiatrists are in it for the prescriptions. They are like acid dealers, they want to believe that the stuff they're pushing is actually helping people get more out of life. Know this and use it against them.
To minimize risk, stick to the facts and don't delve into episodes from your life. When was the last time someone asked you to remember 6th grade? You can't remember, and that's the catch. You'll be so amused with your childhood memories that you'll have an overwhelming urge to spill them on your shrink. Don't: the details of that memory certainly contradict your assumed ADD persona.
Study the following sample questions and you'll be sure to come out with an FDA certified lifetime meth subscription. All for the price of a $20 per month insurance co-payment. And all it takes is one hour of your attention.


READ THIS SKIP THAT
HEALTH
CHANGE TEXT SIZE
AUTHOR
Heidi Mitchell
Follow @thedailybeast
Faking ADHD Gets You Into Harvard
Jan 25, 2012 5:47 PM EST
A growing number of students are gaming the system by getting themselves branded as hyperactive. The result? Better test scores, better schools.
Steven decided to dupe his doctor when he returned from his elite boarding school exhausted by the intense competition there. He needed an edge to help him, he felt. So through written evaluations from teachers and his parents, and by deliberately failing tests, he succeeded in getting himself diagnosed with attention-deficit/hyperactivity disorder (ADHD), and was given both his in-school tests and his SATs untimed. Eventually Steven, which is not his real name, was accepted to a top college in upstate New York, although he no longer takes medication, nor does he consider himself ADHD. The ADHD diagnosis, and the benefits that came with it, he acknowledges, helped him beat the competition.
Welcome to the new way to get into America's best colleges.
ADHD is a chronic condition that includes difficulty sustaining attention, hyperactivity and impulsive behavior. Children with ADHD also often struggle with low self-esteem and poor performance in school and can show signs of the illness through adulthood. Yet a growing number of parents want their kids labeled as having the disorder. All so that they can ace their tests and gain entry into the ivory towers of the country's

Who fakes ADHD?

- Our experiences with ADHD screening clinic

How about LD?


YAHOO! ANSWERS

HOME | BROWSE CATEGORIES | MY ACTIVITY | ABOUT

Ask | What would you like to ask? | Continue

What are you looking for? | Search Y! Answers

Home > All Categories > Education & Reference > Primary & Secondary Education > Resolved Question

Resolved Question — Show me another »

Dyslexia - How can I fake it so I receive up to 25% extra time in an exam?

LHS

Hi, I live in the UK and am currently doing my first year of A-levels.
A lot of my friends are dyslexic and receive an obscene amount of time within exams, there is a test (I assume there aren't mock papers on the internet) which you take to test to see if you are dyslexic, I was wondering whether anyone knows how I could pass myself off as having the condition!
Cheers!

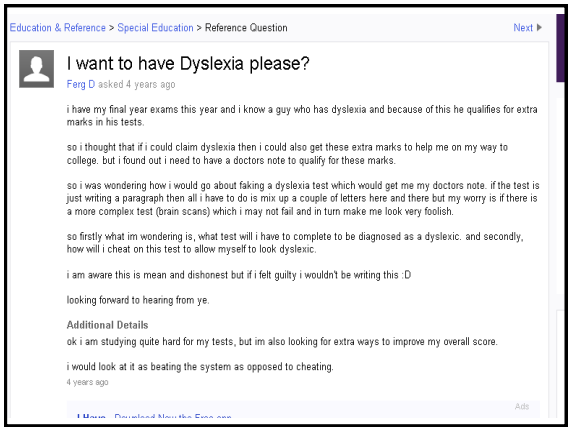
2 years ago

Additional Details

Ok, well tnelson, I'm not an idoit. But nowadays as examinations become easier uni's are being far more selective and I want to give myself the best chance. So unless you have anything constructive to add don't post anything.
2 years ago

Ok, you're clearly all being awkward.
It is possible to fake, at least 2 of my friends have done, after my research today. But it turns out that my previous years grades were too good to qualify for extra time even if I am diagnosed.

Oh, and next i'm planning to pretend to be a retard to win the special Olympics.
2 years ago


Education & Reference > Special Education > Reference Question — Next ▶

I want to have Dyslexia please?

Ferg D asked 4 years ago

i have my final year exams this year and i know a guy who has dyslexia and because of this he qualifies for extra marks in his tests.

so i thought that if i could claim dyslexia then i could also get these extra marks to help me on my way to college. but i found out i need to have a doctors note to qualify for these marks.

so i was wondering how i would go about faking a dyslexia test which would get me my doctors note. if the test is just writing a paragraph then all i have to do is mix up a couple of letters here and there but my worry is if there is a more complex test (brain scans) which i may not fail and in turn make me look very foolish.

so firstly what im wondering is, what test will i have to complete to be diagnosed as a dyslexic. and secondly, how will i cheat on this test to allow myself to look dyslexic.

i am aware this is mean and dishonest but if i felt guilty i wouldn't be writing this :D

looking forward to hearing from ye.

Additional Details

ok i am studying quite hard for my tests, but im also looking for extra ways to improve my overall score.

i would look at it as beating the system as opposed to cheating.

4 years ago

Ads

Symptom exaggeration in Reading Disabilities

- Harrison, Edwards & Parker (2008) researched test of effort and symptom exaggeration in RD assessments
- Test must look difficult but be easy even for people with true RD.
- Compare to undergrads asked to either be honest or to feign RD.

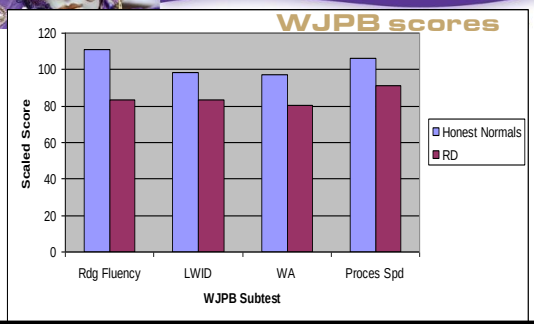
Easy and Hard Passages

- Easy reading passage (Gr. 3) mixed in way that preserves meaning
  - E.g. On Mnoday the boy was gonig to the zoo.
- Hard reading passage (Gr. 3) mixed randomly
  - E.g. On Madnoy the boy was ginog to the zoo.
- Subjects had to unscramble and read passage out loud.

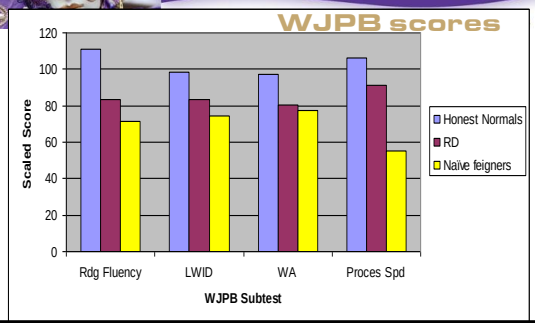
Four groups

- Honest Normals N= 65
- RD students N= 48
- Naïve Feigners N= 60
- Sophisticated Feigners N=29
- Recorded times and scores on the DASH
- Also took 5 subtests from the Woodcock-Johnson Psychoeducational Battery-III (Reading speed, Word reading & decoding, and processing speed)

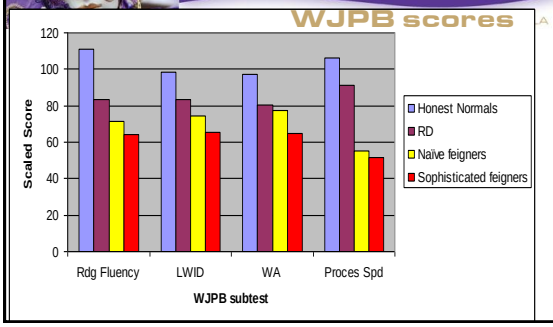
38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE



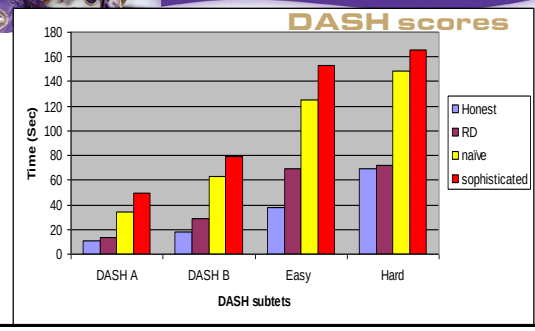
38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE



38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE



38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE



38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA

Lindstrom et al., 2011

- Conclude that students feigning RD returned profiles that were "***disturbingly sophisticated***" (p. 316), easily meeting commonly used diagnostic criteria such as performing below average on psychoeducational tests

What symptoms get exaggerated?

- Osmon (2012) asserts that it depends on the assumptions the individual has regarding the core symptoms of the disorder and the accommodations they want to receive.

Amongst other things:

- Typically speed & decoding for LD
- Typically attention problems for ADHD
- Typically Speed when trying to get extra time
  - Don't exaggerate psychological symptoms

Tests	Kim		Suzie	
	First year	Second year	First test	Second test
Nelson-Denny				
Timed reading comprehension SS	200	208	176	191
WJPB				
Reading fluency	77	98	77	88
Letter–word ID	99	101	85	90
Word attack	90	99	91	95
Visual match	112	121	75	90
Decision speed	99	103	90	90
Processing speed	111	114	81	90
Weschler IQ				
Symbol search	10	11	7	8
Digit symbol	11	11	6	10
Vocabulary	6	11	9	10
Similarities	5	10	8	7
Arithmetic	8	11	7	7
Digit span	6	8	5	6
Matrix reasoning	9	11	10	11
Block design	9	11	11	11
Information	10	9		
LNS	7	10		
PC	8	11		
PA	7	10		
VCI	86	100	88	91
POI	85	99	105	100
WM	86	96	75	80
PSI	102	106	95	94
WMT IR	75		78	
WMT DR	72.5		80	
WMT CON	67.5		68	
WMT MC	45		80	
WMT PA	55		70	
WMT FR	57.5		48	
VSVT easy	20/24		23/24	
VSVT hard	6/24		12/24	

Note: Scores in bold indicate significant changes in scores

From Harrison, Green & Flaro, 2012

38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA

Development of PVT

- To develop a good pvt, must have criterion group that contains people with undeniably significant bona fide neuropsych impairment.
- Cut score must be set so that a minimum of the bona fide clinical group is misidentified. The smaller the false positive rate the greater the diagnostic probability.
- Because of this, sensitivity is **typically lower** than specificity.
- Usually easy to pass for patients with genuine problems.
- Diagnostic accuracy can be improved by use of multiple, independent PVTs (Larrabee, 2015).

38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA

What PVTs are validated with kids?

Published stand alone tests

- TOMM
- MSVT/WMT/NV-MSVT
- VSVT
- FIT + recognition trial
- ?b test??? Age 17+

New

- Memory Validity Profile (MVP) (age 5-21)

38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA

What PVTs are validated with kids?

Experimental

- DASH
- Automatic Sequences (Kirkwood)*
- Road Signs Perception Test*

* Not appropriate for those with RD

Embedded

- RDS
- CVLT-Children's version, recognition

38TH ANNUAL CONFERENCE
OCTOBER 17-20, 2018
BECOMING AGENTS OF CHANGE
SHERATON NEW ORLEANS HOTEL | NEW ORLEANS, LA

Embedded vs stand alone

- Higher False Positive rate

SVTs on self-report scales

- BASC-2 (F index)
- MMPI-A (Various)
- Personality Assessment Inventory-A (Negative impression management, RDF)
- Personality Inventory for Youth (infrequency, dissim'n)
- Trauma Symptoms Checklist for Children (Hyper-resp scale)
- All deal with feigned psychopathology
- Little overlap between SVT and PVT

What is the Green WMT?

- A memory test which on the surface looks hard but is actually quite easy.
- Even individuals in later stages of Alzheimer's, and children with IQ's under 70 can easily pass.
- Involves recognition memory which is very resistant to all but the most severe forms of brain injury.

Forced Choice

Must recognize the right answer and ignore/avoid

a) Less than chance performance
- Problem: Not all malingerers perform significantly worse than chance.

b) Lower performance than true injured
- TOMM

Don't kids with x fail PVTs more often?

- LD
- ADHD
- Intellectual Disability
- Severe neurological impairment
- Conclusion from all research: children with severe cognitive or behavioural impairments can pass except in rare instances (which represent very severe and obvious impairment)

Green's tests

- WMT & MSVT- children dx with clinical disorders, tested in foreign language, mean fsiq 65 can all pass (Green & Flaro, 2003).
- Kirkwood et al. (2012) showed MSVT measures effort not ability.
- Kirkwood (2015) summarized studies on MSVT and concluded that vast majority of kids with reading at grade 3+ can pass.
- DeRight and Carone (2013). Lit review. Found most children capable of passing free-standing PVTs with adult cutoffs.

Our studies

- PVT and ADHD
- WMT and LD
- RDS

Our research

- Harrison, Flaro & Armstrong (2014).
- 73 kids/adolescents with ADHD.
- 4.7% (3/63) failed the WMT, 2.5% (1/40) failed the MSVT, and 6.8% (2/29) failed the NV-MSVT.
- Conclude that these three tests had good to excellent specificity in ADHD.

Our research

- Larochette and Harrison (2012)
- 63 children ages 11-14, all Reading Disabled.
  - 6 (9.5%) performed below suggested actuarial cut off on WMT/MSVT. All had significant reading impairment (word decoding below 1st percentile/grade 3).
  - Profile analysis (SIP) would have correctly identified 5/6 as having genuine impairments.
  - Conclude: majority of children with RD can pass unless word decoding below 1st percentile + Hx

RDS

- Harrison & Armstrong (2013)
- 86 adolescents with RD
- Examined RDS and other DS scores as PVTs
- RDS insensitive to genuine impairments in RD sample
  - Only 1 subject had RDS below 7
- Unacceptably high False Positive rate for DS alone if use CDN norms for WISC

Don't kids with x fail PVTs more often?

- Carone, Green & Drane case example (2014)
  - 15-year-old girl with severe congenital bilateral brain tissue loss (shown via a compelling brain MRI image), chronic epilepsy, an extremely low Full Scale IQ, extremely low adaptive functioning, developmental delays, numerous severe cognitive impairments, and treatment with multiple high-dose benzodiazepines.
- passed the WMT.

Failure to remove low effort

- Multiple studies show that failure to take performance validity into account can distort relationships with external criteria.

Failure to remove low effort

- Eg. group of participants with TBI/neuro impairment did not differ in neuropsychological test performance from group with mild TBI, psychiatric disorder or chronic pain until those who failed PVT were excluded (Green, Rohling, Lees-Haley & Allen, 2001).
- Neuropsychological test performance associated with presence or absence of brain injury only in those who passed PVT (Fox, 2011).

Failure to remove low effort

- 40% of ability based variance in neuropsychological test performance associated with PVT score (Kirkwood, 2014).
- Confusion in ADHD, LD & TBI literature might be due to noncredible symptom individuals w/in samples?

Conclusion

- Imperative we use PVT and SVT in pediatric assessments
- Results are vulnerable to manipulation by both children and their parents by proxy, and could lead to inaccurate conclusions.

How many do I have to give?

- Good question
- No agreement except more than one

When do I give them?

- Disperse throughout evaluation, with at least one given early on (Bush et al., 2005)
- Employ near start, middle, end (DeRight & Carone, 2015)

Do I warn clients ahead of time?

- APA code of ethics would say "yes"
- Question is level of specificity
- Adult studies conflicted- specific warning could alter behavior or could improve sophistication of feigning
- Warn during informed consent process

Different dimensions

- Give ones that assess different dimensions
- Someone feigning ADHD may not think psychiatric s/o
- Someone feigning LD may not think memory

What if they pass one? Does that mean they passed?

- No

What if they just fail one & not by a lot?

- Performance slightly below cut-off on only one may not justify interpretation of biased responding. Need converging evidence (Bush et al., 2005)
- May implicate tests given in that time period suspect.
- Check to see if SIP. Does not rule out possibility of noncredible performance, but might be consistent with true effects of condition.

To quit or not to quit?

- No consensus.
- Concern re: identifying for patient the test that caught them out.
- Concern re: taking all that time and then saying you can't interpret.
- My advice- give enough tests to mask the PVT/SVTs but don't give full battery.

Failed test

- Does not negate possibility of real impairment
- Muddied waters

Breaking the news re: low effort

- Feedback model (Carone, Iverson & Bush, 2010).
- Slight variation to account for a discussion about the child or adolescent and to direct the discussion to parent
- Good-news bad news approach. (bad news- your scores are very low, good news evidence child is capable of much better performance.

Breaking the news re low effort

- Inquire re: client's perceptions of their own performance - e.g., "How do you think you did?"
- Good news - your scores don't match any neuropsychological disorders that we know of! Remind client that people have strengths and weaknesses --> provide a summary of their results; attempt to balance good and bad news. e.g., frame low scores positively:

  "You had low scores on X, but the good news is you'd probably do better on them if you gave more sustained effort."

Breaking the news re low effort

- Describe the objective basis for conclusions - e.g., basic descriptive information about tests (no specific details)
- Develop buy-in by asking the client if they *think* they should perform better than a severely-impaired patient group (e.g., traumatic brain injury, Alzheimer's disease)
- Explain-there is a significant *non-neurological* component to results --> poor test results can be significantly improved if these non-neurological factors are addressed
- Document the results of the feedback session.

Providing feedback can help

- Connery, Peterson, Baker & Kirkwood (2016)
- Found that children & their parents who were provided with feedback about poor effort had better outcomes than those who did not.
- Reduction of symptoms
- Improved satisfaction

Case examples

- Emmaline
- 15 year old female seen end of June
- Dx ADHD grade 4
- Dx GAD grade 5
- Reports 3 or 4 head injuries
- Ax for adjustment of school-based accommodations

Emmaline

- 1st HI cheerleading grade 7-dropped. Thinks she had whiplash. No LOC. Not tx or taken to hospital at time.
- bad migraines after 2 weeks so went to Emerg
- Told her she likely had concussion- after which she took 3 weeks off school.

Emmaline

- 2nd HI dropped canoe on head portaging (summer gr 8). No LOC, no hospitalization, but says she had some ST memory difficulties during trip. Doctor then recommended “cheat sheets at school” for memory problems

Emmaline

- 3rd- drinking w/boyfriend, passed out. Next morning found blood on head. Went to emerg
- 4th overdosed on Risperidone (Feb). 2 weeks later had “adverse reaction”, fainted and fell down stairs. Mom discovered her at bottom of stairs. CT/MRI normal. Hosp for 2 weeks.
- Doctors wrote up case study -1st ever reported!

Emmaline

- Two suicide attempts- ibuprofen and then Risperidone
- Psychiatric break Christmas grade 9 secondary to break up with boyfriend
- Hospitalized for 2 weeks in April due to huge emotional distress- screaming, throwing things, self-injury. Unable to attend school. *sex assault

Emmaline

- Difficulties with attention/concentration starting in early grades
- Academic performance not affected, yet now on IEP
- On Adderall since grade 4, plus Risperidone starting grade 6.

Emmaline

- Elementary teachers noted she could become overwhelmed easily & could not be calmed down at such times
- Rated her high on anxiety, emotional lability, depression, impulsivity

Emmaline

- Only child born to single mom, biological father reportedly in and out of jail
- Mom has short fuse and makes threats anytime Emmaline is upset such as she'll have dog put down if Emmaline keeps crying
- Emmaline admits she has fear of abandonment

Emmaline-Behavioural Observations

- Variable affect during assessment, flat to gloomy to manic. Cried when given math
- Came 2nd day overwhelmed, sobbing, inconsolable, not wanting to be tested, but as soon as app't cancelled her mood brightened and she was cheerful & happy.

Case example: TS

- 18 year old female
- Suffered "concussion" at age 16 while playing soccer (goalie)
- No LOC
- Continued to play that game and one more
- Drove self home
- Symptoms appeared next day on BB court

TS

- Mom took her to walk in clinic-dx concussion & told to take time off school
- 4 days later, started vomiting- lasted 8 months
- 5 days later, began having fainting spells
- MRI & CT scans & other medical investigations negative
- Got + + school accommodations

TS

- Seen at end of Sr. year of HS.
- Accommodations since age 16, include:
  - Double time on tests
  - Extensions on essays/projects
  - One day rest between each exam
  - Cheat sheets for all tests/exams
  - Individual tutoring for each subject
  - Notetakers
- Wants accommodations to continue at college

TS

- Complains of horrible problems with memory and attention.
- Not able to care for self (mom drives her to appointments, sister changed schools so she could be near)
- Lots of somatic complaints (headaches, neck pain, chronic fatigue, light sensitivity)
- Says has trouble w/ rdg comp & speed
- No improvement of s/o since injury

Behavioral observations

- When asked about prognosis, TS said that her doctors say that sometimes people can have postconcussive symptoms for the rest of their lives.
- No negative affect except once*
- Her behavior on tests very different than when speaking
  - Makes big deal about not remembering
  - Not upset when completely bomb tests
- First day of testing fails one SVT (GWMT)
- Second day given 2 different SVT' s