SAMPLE IVA-2 Standard Report

Name: Case, Sample

Age: 31 Sex: M Report Date: 11/5/2014 Test Date: 11/3/2014 03:10 PM On Meds: N

OVERVIEW OF THE IVA-2 CPT AND GENERAL INTERPRETIVE GUIDELINES

This IVA-2 Standard Report was created in order to help the examiner interpret the IVA-2 test results. The Standard Report provides the essential information needed to help guide the clinician in formulating likely diagnoses for individuals who have ADHD-type symptoms. The relevant strengths and weaknesses for each of the Attention and Response Control Primary Scales will be reviewed.

This interpretive report is designed to aid qualified healthcare professionals in their diagnostic decision making process. It is confidential and is only distributed for use in accordance with professional guidelines. The report provides possible suggestions and hypotheses for the examiner to consider, but it is not to be construed as prescriptive, definitive, or diagnostic. These psychological test results and the interpretive guidelines provided can to be used by examiners in formulating possible diagnoses, but are by no means conclusive. Examiners will need to exercise their clinical judgment in determining if the test is fully valid and to integrate it with other clinical data in preparing their signed interpretive report. If in the examiner's judgment, these IVA-2 test results are incongruent with the individual's clinical history and other test data, it is recommended that less weight be given to these test results in the determination of a diagnosis. The authors and publisher of this test are not responsible for any inaccuracies or errors that may result from its usage.

VALIDITY OF IVA-2 TEST RESULTS

The main test results were found to be valid. All global and primary test scale scores can be interpreted without reservation. This individual's response pattern did not reveal any apparent abnormalities in his responses to either visual or auditory test stimuli.

IVA-2 INTERPRETIVE GUIDELINES

MALINGERING EVALUATION

In respect to the IVA-2, malingering is defined as deliberately making test responses that feign impairments of attention or response control for personal gain. Published research has found that individuals who malinger on this test produce extreme quotient scale scores. Such intentionally impaired scores result from an excessive number of omission, commission, or idiopathic response errors. This pattern of response errors is rarely observed for individuals who have been clinically diagnosed as having ADHD, unless they have severe to extreme ADHD symptoms or other significant cognitive deficits.

Nevertheless, the determination of malingering requires that a clinical decision be made by the examiner. In most cases, additional tests of malingering will need to be administered in order to

accurately identify its occurrence. Neither the Visual nor the Auditory Malingering Indicators suggested that this individual was likely to be malingering on the IVA-2.

SUMMARY OF TEST RESULTS FOR THE IVA-2 GLOBAL SCALES

His **Auditory Response Control** quotient scale score was 97 (PR=42). This global scale score fell in the average range. The **Visual Response Control** quotient scale score for this individual was 122 (PR=93). This global scale score fell in the superior range. His **Auditory Attention** quotient scale score was 102 (PR=54), and this global scale score fell in the average range. The **Visual Attention** quotient scale score for this individual was 67 (PR=1). This global scale score was classified as falling in the severely impaired range. His global **Auditory Sustained Attention** quotient scale score was 123 (PR=93), and it fell in the superior range. The global **Visual Sustained Attention** quotient scale score for this individual was 51 (PR=1). This score was found to fall in the extremely impaired range.

IVA-2 CLINICAL INTERPRETATION

These test findings suggest that the examiner consider the possible diagnosis of **Attention-Deficit/Hyperactivity Disorder, predominantly inattentive presentation.** This individual's pattern of responding was indicative of impairments likely to impact his functioning in the home and work settings. However, it is necessary to determine the occurrence of several inattentive or hyperactive/impulsive symptoms before the age of twelve in order to diagnose ADHD for adolescents or adults. Since the examiner did not identify whether this individual had ADHD symptoms when he was a child, it is essential that the examiner clarify this individual's clinical history in order to make a definitive diagnosis. It will also be necessary for the examiner to rule out **Mild neurocognitive disorder** and other mental disorders as possible underlying causes for this individual's ADHD symptoms.

His global Full Scale Attention quotient scale score indicated a mild impairment that supported the above possible diagnosis. Even though this individual's global Full Scale Response Control quotient scale score did not indicate a significant impairment in functioning, his global Sustained Visual Attention quotient scale score did reveal an extreme impairment. While a problem was identified for this individual in respect to his Sustained Visual Attention quotient scale score, his Sustained Auditory Attention quotient scale score was not found to be impaired and fell in the superior range. He was also not identified as making an excessive number of impulsive errors during the test. In summary, these IVA-2 findings identified relevant impairments in functioning that provide support for the above diagnosis under consideration.

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