

IVA-2 Interpretive Flowchart for ADHD

(Version 2015.1)

Step 1: Interpreting IVA-2 When...

**Visual AND Auditory Validity Checks are Valid AND
FRCQ* AND FAQ* are greater than or equal to 85**

(If the above conditions are not true, go to Step 2.)

Interpretive Formula Conditions**	Interpretive Clinical Suggestions	Further Interpretive Guidelines
1. If SAAQ* < 80 OR SVAQ* < 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	1. Always consider alternative diagnoses and co-morbid diagnoses which may account for or contribute to the functional problems reported or identified. ¹
2. If two or more of the Fine Motor Hyperactivity, Visual Comprehension, Auditory Comprehension, or the Key Primary ² scale quotient scores for Visual or Auditory stimuli are less than 68.	Unspecified ADHD: Additional clinical data are needed to clarify this diagnosis or other possible diagnoses.	2. Examine and describe the Primary ² IVA-2 scales in terms of relative areas of strength and weakness. ³
3. None of the above rules apply	No ADHD Diagnosis Supported: Additional clinical data are needed to clarify the causal factors for any existing problems	3. The Symptomatic scales can help you to understand if the individual had any problems comprehending the test, was able to persist at the end of the test, and if any sensorimotor problems possibly existed that would impair performance. ⁴ 4. Recommendations for treatment interventions may need to be considered based on clinical judgment, history, and other test data. 5. Different psychological or behavioral treatments may be recommended based on the relevant pattern for Primary and Symptomatic scales.

*FRCQ = Full Scale Response Control Quotient

*SAAQ = Sustained Auditory Attention Quotient

*FAQ = Full Scale Attention Quotient

*SVAQ = Sustained Visual Attention Quotient

** Please note that this Interpretive Flowchart has some limitations that examiners need to recognize when using it. First, it makes the assumption for adults that it is unknown if ADHD symptoms have been identified as existing before the age of 12. Consequently, the clinical suggestions of possible diagnoses for consideration in the various reports may differ from the interpretive suggestions based solely on this Interpretive Flowchart. In addition, the Flowchart does not utilize any rating scale or other clinical data provided by the examiner. Thus, the suggestions made for consideration in this flowchart may differ from the clinical report system which does use rating scale and other clinical data provided by examiners. Also, some additional secondary clinical considerations that are included in the various reports are not listed in this flowchart.

Step 2: Interpreting IVA-2 When...

Visual AND Auditory Validity Checks are Valid AND FRCQ* AND FAQ* are less than 85

(If the above conditions are not true, go to Step 3.)

Interpretive Formula Conditions	Interpretive Clinical Suggestions	Further Interpretive Guidelines
1. If FRCQ AND FAQ are less than 80	ADHD, Combined	1. Always consider alternative diagnoses and co-morbid diagnoses which may account for or contribute to the functional problems reported or identified. ¹ 2. Examine and describe the Primary ² IVA-2 scales in terms of relative areas of strength and weakness. ³ 3. The Symptomatic scales can help you to understand if the individual had any problems comprehending the test, was able to persist at the end of the test, and if any sensorimotor problems possibly existed that would impair performance. ⁴ 4. Recommendations for treatment interventions may need to be considered based on clinical judgment, history, and other test data. 5. Different psychological or behavioral treatments may be recommended based on the relevant pattern for Primary and Symptomatic scales.
2. If FRCQ is less than 80 OR FAQ is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
3. If Visual Comprehension OR Auditory Comprehension scale quotient is less than 85	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
4. If Fine Motor Hyperactivity quotient is less than 85	ADHD, Combined	
5. If SAAQ* is less than 80 OR SVAQ* is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
6. If one or more of Key Primary ² scale quotients are less than 68 (excluding the Fine Motor Hyperactivity quotient)	Unspecified ADHD: Additional clinical data are needed to clarify this diagnosis or other possible diagnoses.	
7. None of the above rules apply	No ADHD Diagnosis Supported: Additional clinical data are needed to clarify the causal factors for any existing problems	

*FRCQ = Full Scale Response Control Quotient

*SAAQ = Sustained Auditory Attention Quotient

*FAQ = Full Scale Attention Quotient

*SVAQ = Sustained Visual Attention Quotient

Step 3: Interpreting IVA-2 When...

Visual AND Auditory Validity Checks are Valid AND FRCQ* is less than 85 AND FAQ* is greater than or equal to 85

(If the above conditions are not true, go to Step 4.)

Interpretive Formula Conditions	Interpretive Clinical Suggestions	Further Interpretive Guidelines
1. If FRCQ is less than 80	ATF(+) = ADHD, Combined ATF(-) = ADHD, hyperactive/impulsive	1. Always consider alternative diagnoses and co-morbid diagnoses which may account for or contribute to the functional problems reported or identified. ¹ 2. Examine and describe the Primary ² IVA-2 scales in terms of relative areas of strength and weakness. ³ 3. The Symptomatic scales can help you to understand if the individual had any problems comprehending the test, was able to persist at the end of the test, and if any sensorimotor problems possibly existed that would impair performance. ⁴ 4. Recommendations for treatment interventions may need to be considered based on clinical judgment, history, and other test data. 5. Different psychological or behavioral treatments may be recommended based on the relevant pattern for Primary and Symptomatic scales.
2. If Auditory AND Visual Comprehension quotients are less than 85	IHF(+) = ADHD, Hyperactive/impulsive IHF(-) = ADHD, Inattentive	
3. If two or more of Response Control Key Primary ² scale quotients are less than 68 (excluding the Fine Motor Hyperactivity quotient)	IHF(+) = ADHD, Hyperactive/impulsive IHF(-) = ADHD, Inattentive	
4. If Auditory OR Visual Comprehension quotient is less than 85 AND Fine Motor Hyperactivity quotient is less than 85	ATF(+) = ADHD, Combined ATF(-) = ADHD, Hyperactive/impulsive	
5. If SAAQ* or SVAQ* are less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
6. If two or more of ANY Key Primary ² Scales are less than 68 (excluding the Fine Motor Hyperactivity quotient)	Unspecified ADHD: Additional clinical data are needed to clarify this diagnosis or other possible diagnoses.	
7. None of the above rules apply	No ADHD Diagnosis Supported: Additional clinical data are needed to clarify the causal factors for any existing problems	

*FRCQ = Full Scale Response Control Quotient
*SAAQ = Sustained Auditory Attention Quotient

*FAQ = Full Scale Attention Quotient
*SVAQ = Sustained Visual Attention Quotient

Step 4: Interpreting IVA-2 When...

**Visual AND Auditory Validity Checks are Valid AND
FAQ* is less than 85 AND FRCQ* is greater than or equal to 85**

(If the above conditions are not true, go to Step 5.)

Interpretive Formula Conditions	Interpretive Clinical Suggestions	Further Interpretive Guidelines
1. If FAQ is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	1. Always consider alternative diagnoses and co-morbid diagnoses which may account for or contribute to the functional problems reported or identified. ¹ 2. Examine and describe the Primary ² IVA-2 scales in terms of relative areas of strength and weakness. ³ 3. The Symptomatic scales can help you to understand if the individual had any problems comprehending the test, was able to persist at the end of the test, and if any sensorimotor problems possibly existed that would impair performance. ⁴ 4. Recommendations for treatment interventions may need to be considered based on clinical judgment, history, and other test data. 5. Different psychological or behavioral treatments may be recommended based on the relevant pattern for Primary and Symptomatic scales.
2. If Auditory AND Visual Comprehension quotients are less than 85	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
3. If two or more Attention Key Primary ² scale quotients are less than 68	IHF(+) = ADHD, Hyperactive/impulsive IHF(-) = ADHD, Inattentive	
4. If SAAQ* is less than 80 OR SVAQ* is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
5. If Auditory OR Visual Comprehension quotient is less than 85 AND Fine Motor Hyperactivity quotient is less than 85	ATF(+) = ADHD, Combined ATF(-) = ADHD, Hyperactive/impulsive	
6. If two or more of ANY Key Primary ² scale quotients are less than 68 (excluding the Fine Motor Hyperactivity quotient)	Unspecified ADHD: Additional clinical data are needed to clarify this diagnosis or other possible diagnoses.	
7. None of the above rules apply	No ADHD Diagnosis Supported: Additional clinical data are needed to clarify the causal factors for any existing problems	

*FRCQ = Full Scale Response Control Quotient

*SAAQ = Sustained Auditory Attention Quotient

*FAQ = Full Scale Attention Quotient

*SVAQ = Sustained Visual Attention Quotient

Step 5: Interpreting IVA-2 When...

Auditory Validity Check is Valid AND Visual Validity Check is Invalid AND ARCQ* AND AAQ* are greater than or equal to 85

(If the above conditions are not true, go to Step 6.)

Interpretive Formula Conditions	Interpretive Clinical Suggestions	Further Interpretive Guidelines
1. If SAAQ* is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	<p>1. Always consider alternative diagnoses and co-morbid diagnoses which may account for or contribute to the functional problems reported or identified.¹</p> <p>2. If your client is an adult or a young person whom you believe may have been coached by an adult in how to perform on the test and you suspect the possibility of malingering, examine the Malingering Indicator for the visual modality presented in the Special Analyses.</p> <p>3. Examine and describe the Primary² IVA-2 Auditory scales in terms of relative areas of strength and weakness.³</p> <p>4. The Symptomatic scales can help you to understand if the individual had any problems comprehending the test, was able to persist at the end of the test, and if any sensorimotor problems existed that would impair performance.⁴</p> <p>5. Recommendations for treatment interventions may need to be considered based on clinical judgment, history, and other test data.</p> <p>6. Different psychological or behavioral treatments may be recommended based on the relevant pattern for the Auditory Primary scales and the Symptomatic scales.</p> <p>7. When the IVA-2 is invalid for the visual modality, this may indicate a significant problem. It generally suggests the possibility of the following diagnoses: Unspecified neurodevelopmental disorder, Mild neurocognitive disorder, or Other Specified ADHD. In making the diagnosis, the clinician will need to consider the client's age, medical etiology, and other clinical data. Also, poor motivation or intellectual deficiencies can account for invalid test performance in the visual domain. When less than 8 years old, a child's inability to respond validly to visual stimuli may indicate a normal developmental delay and, thus not support any diagnosis, including ADHD. In addition, depending on the relevant clinical data and history, other mental or medical diagnoses may need to be considered.</p>
2. If two or more of the Fine Motor Hyperactivity, Auditory Comprehension, or the Key Primary ² scale quotient scores for Auditory stimuli are less than 68.	Unspecified ADHD: Additional clinical data are needed to clarify this diagnosis or other possible diagnoses.	
3. None of the above rules apply	Consider Unspecified neurodevelopmental disorder (if child) or Mild neurocognitive disorder (if adult) or Other Specified ADHD or No ADHD (if child is less than 8 years old).	

*ARCQ = Auditory Response Control Quotient
*SAAQ = Sustained Auditory Attention Quotient

*AAQ = Auditory Attention Quotient
*SVAQ = Sustained Visual Attention Quotient

Step 6: Interpreting IVA-2 When...

Auditory Validity Check is Valid AND Visual Validity Check is Invalid AND ARCQ* AND AAQ* are less than 85

(If the above conditions are not true, go to Step 7.)

Interpretive Formula Conditions	Interpretive Clinical Suggestions	Further Interpretive Guidelines
1. If ARCQ AND AAQ are less than 80	ADHD, Combined	<p>1. Always consider alternative diagnoses and co-morbid diagnoses which may account for or contribute to the functional problems reported or identified.¹</p> <p>2. If your client is an adult or a young person whom you believe may have been coached by an adult in how to perform on the test and you suspect the possibility of malingering, examine the Malingering Indicator for the visual modality presented in the Special Analyses.</p> <p>3. Examine and describe the Primary² IVA-2 Auditory scales in terms of relative areas of strength and weakness.³</p> <p>4. The Symptomatic scales can help you to understand if the individual had any problems comprehending the test, was able to persist at the end of the test, and if any sensorimotor problems existed that would impair performance.⁴</p> <p>5. Recommendations for treatment interventions may need to be considered based on clinical judgment, history, and other test data.</p> <p>6. Different psychological or behavioral treatments may be recommended based on the relevant pattern for the Auditory Primary scales and the Symptomatic scales.</p> <p>7. When the IVA-2 is invalid for the visual modality, this may indicate a significant problem. It generally suggests the possibility of the following diagnoses: Unspecified neurodevelopmental disorder, Mild neurocognitive disorder, or Other Specified ADHD. In making the diagnosis, the clinician will need to consider the client's age, medical etiology, and other clinical data. Also, poor motivation or intellectual deficiencies can account for invalid test performance in the visual domain. When less than 8 years old, a child's inability to respond validly to visual stimuli may indicate a normal developmental delay and, thus not support any diagnosis, including ADHD. In addition, depending on the relevant clinical data and history, other mental or medical diagnoses may need to be considered.</p>
2. If ARCQ is less than 80 OR AAQ is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
3. If Comprehension Auditory is less than 85	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
4. If Fine Motor Hyperactivity is less than 85	ADHD, Combined	
5. If SAAQ* is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
6. If one or more Auditory Key Primary ² scale quotients are less than 68 (excluding the Fine Motor Hyperactivity quotient)	Unspecified ADHD: Additional clinical data are needed to clarify this diagnosis or other possible diagnoses.	
7. None of the above rules apply	Consider Unspecified neurodevelopmental disorder (if child) or Mild neurocognitive disorder (if adult) or Other Specified ADHD or No ADHD (if child is less than 8 years old).	

*ARCQ = Auditory Response Control Quotient
*SAAQ = Sustained Auditory Attention Quotient

*AAQ = Auditory Attention Quotient
*SVAQ = Sustained Visual Attention Quotient

Step 7: Interpreting IVA-2 When...

Auditory Validity Check is Valid AND Visual Validity Check is Invalid AND ARCQ* is less than 85 AND AAQ* is greater than or equal to 85

(If the above conditions are not true, go to Step 8.)

Interpretive Formula Conditions	Interpretive Clinical Suggestions	Further Interpretive Guidelines
1. If ARCQ is less than 80	ATF(+) = ADHD, Combined ATF(-) = ADHD, Hyperactive/impulsive	<p>1. Always consider alternative diagnoses and co-morbid diagnoses which may account for or contribute to the functional problems reported or identified.¹</p> <p>2. If your client is an adult or a young person whom you believe may have been coached by an adult in how to perform on the test and you suspect the possibility of malingering, examine the Malingering Indicator for the visual modality presented in the Special Analyses.</p> <p>3. Examine and describe the Primary² IVA-2 Auditory scales in terms of relative areas of strength and weakness.³</p> <p>4. The Symptomatic scales can help you to understand if the individual had any problems comprehending the test, was able to persist at the end of the test, and if any sensorimotor problems existed that would impair performance.⁴</p> <p>5. Recommendations for treatment interventions may need to be considered based on clinical judgment, history, and other test data.</p> <p>6. Different psychological or behavioral treatments may be recommended based on the relevant pattern for the Auditory Primary scales and the Symptomatic scales.</p> <p>7. When the IVA-2 is invalid for the visual modality, this may indicate a significant problem. It generally suggests the possibility of the following diagnoses: Unspecified neurodevelopmental disorder, Mild neurocognitive disorder, or Other Specified ADHD. In making the diagnosis, the clinician will need to consider the client's age, medical etiology, and other clinical data. Also, poor motivation or intellectual deficiencies can account for invalid test performance in the visual domain. When less than 8 years old, a child's inability to respond validly to visual stimuli may indicate a normal developmental delay and, thus not support any diagnosis, including ADHD. In addition, depending on the relevant clinical data and history, other mental or medical diagnoses may need to be considered.</p>
2. If Auditory Comprehension quotient is less than 85	IHF(+) = ADHD, Hyperactive/impulsive IHF(-) = ADHD, Inattentive	
3. If one or more of the Response Control Auditory Key Primary ² quotients are less than 68 (excluding the Fine Motor Hyperactivity quotient)	IHF(+) = ADHD, Hyperactive/impulsive IHF(-) = ADHD, Inattentive	
4. If the Fine Motor Hyperactivity quotient is less than 85	ATF(+) = ADHD, Combined ATF(-) = ADHD, Hyperactive/impulsive	
5. If SAAQ* is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
6. If one or more of ANY Auditory Key Primary ² Scale quotients are less than 68 (excluding the Fine Motor Hyperactivity quotient)	Unspecified ADHD: Additional clinical data are needed to clarify this diagnosis or other possible diagnoses.	
7. None of the above rules apply	Consider Unspecified neurodevelopmental disorder (if child) or Mild neurocognitive disorder (if adult) or Other Specified ADHD or No ADHD (if child is less than 8 years old).	

*ARCQ = Auditory Response Control Quotient
*SAAQ = Sustained Auditory Attention Quotient

*AAQ = Auditory Attention Quotient
*SVAQ = Sustained Visual Attention Quotient

Step 8: Interpreting IVA-2 When...

**Auditory Validity Check is Valid AND Visual Validity Check is Invalid AND
AAQ* is less than 85 AND ARCQ* is greater than or equal to 85**

(If the above conditions are not true, go to Step 9.)

Interpretive Formula Conditions	Interpretive Clinical Suggestions	Further Interpretive Guidelines
1. If AAQ is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	<p>1. Always consider alternative diagnoses and co-morbid diagnoses which may account for or contribute to the functional problems reported or identified.¹</p> <p>2. If your client is an adult or a young person whom you believe may have been coached by an adult in how to perform on the test and you suspect the possibility of malingering, examine the Malingering Indicator for the visual modality presented in the Special Analyses.</p> <p>3. Examine and describe the Primary² IVA-2 Auditory scales in terms of relative areas of strength and weakness.³</p> <p>4. The Symptomatic scales can help you to understand if the individual had any problems comprehending the test, was able to persist at the end of the test, and if any sensorimotor problems existed that would impair performance.⁴</p> <p>5. Recommendations for treatment interventions may need to be considered based on clinical judgment, history, and other test data.</p> <p>6. Different psychological or behavioral treatments may be recommended based on the relevant pattern for the Auditory Primary scales and the Symptomatic scales.</p> <p>7. When the IVA-2 is invalid for the visual modality, this may indicate a significant problem. It generally suggests the possibility of the following diagnoses: Unspecified neurodevelopmental disorder, Mild neurocognitive disorder, or Other Specified ADHD. In making the diagnosis, the clinician will need to consider the client's age, medical etiology, and other clinical data. Also, poor motivation or intellectual deficiencies can account for invalid test performance in the visual domain. When less than 8 years old, a child's inability to respond validly to visual stimuli may indicate a normal developmental delay and, thus not support any diagnosis, including ADHD. In addition, depending on the relevant clinical data and history, other mental or medical diagnoses may need to be considered.</p>
2. If Auditory Comprehension quotient is less than 85	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
3. If one or more of the Auditory Attention Key Primary ² quotients are less than 68	IHF(+) = ADHD, Hyperactive/impulsive IHF(-) = ADHD, Inattentive	
4. If SAAQ* is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
5. If the Fine Motor Hyperactivity quotient is less than 85	ATF(+) = ADHD, Combined ATF(-) = ADHD, Hyperactive/impulsive	
6. If one or more of ANY Auditory Key Primary ² scale quotients are less than 68 (excluding the Fine Motor Hyperactivity quotient)	Unspecified ADHD: Additional clinical data are needed to clarify this diagnosis or other possible diagnoses.	
7. None of the above rules apply	Consider Unspecified neurodevelopmental disorder (if child) or Mild neurocognitive disorder (if adult) or Other Specified ADHD or No ADHD (if child is less than 8 years old).	

*ARCQ = Auditory Response Control Quotient
*SAAQ = Sustained Auditory Attention Quotient

*AAQ = Auditory Attention Quotient
*SVAQ = Sustained Visual Attention Quotient

Step 9: Interpreting IVA-2 When...

Visual Validity Check is Valid AND Auditory Validity Check is Invalid AND VRCQ* AND VAQ* are greater than or equal to 85

(If the above conditions are not true, go to Step 10.)

Interpretive Formula Conditions	Interpretive Clinical Suggestions	Further Interpretive Guidelines
1. If SVAQ* is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	<p>1. Always consider alternative diagnoses and co-morbid diagnoses which may account for or contribute to the functional problems reported or identified.¹</p> <p>2. If your client is an adult or a young person whom you believe may have been coached by an adult in how to perform on the test and you suspect the possibility of malingering, examine the Malingering Indicator for the visual modality presented in the Special Analyses.</p> <p>3. Examine and describe the Primary² IVA-2 Visual scales in terms of relative areas of strength and weakness.³</p> <p>4. The Symptomatic scales can help you to understand if the individual had any problems comprehending the test, was able to persist at the end of the test, and if any sensorimotor problems existed that would impair performance.⁴</p> <p>5. Recommendations for treatment interventions may need to be considered based on clinical judgment, history, and other test data.</p> <p>6. Different psychological or behavioral treatments may be recommended based on the relevant pattern for the Visual Primary scales and the Symptomatic scales.</p> <p>7. When the IVA-2 is invalid for the auditory modality, this may indicate a significant problem. It generally suggests the possibility of the following diagnoses: Unspecified neurodevelopmental disorder, Mild neurocognitive disorder, or Other Specified ADHD. In making the diagnosis, the clinician will need to consider the client's age, medical etiology, and other clinical data. Also, poor motivation or intellectual deficiencies can account for invalid test performance in the auditory domain. When less than 8 years old, a child's inability to respond validly to auditory stimuli may indicate a normal developmental delay and, thus not support any diagnosis, including ADHD. In addition, depending on the relevant clinical data and history, other mental or medical diagnoses may need to be considered.</p>
2. If two or more of the Fine Motor Hyperactivity, Visual Comprehension, or the Key Primary ² scale quotient scores for Visual stimuli are less than 68.	Unspecified ADHD: Additional clinical data are needed to clarify this diagnosis or other possible diagnoses.	
3. None of the above rules apply	Consider Unspecified neurodevelopmental disorder (if child) or Mild neurocognitive disorder (if adult) or Other Specified ADHD or No ADHD (if child is less than 8 years old).	

*VRCQ = Visual Response Control Quotient

*SAAQ = Sustained Auditory Attention Quotient

*VAQ = Visual Attention Quotient

*SVAQ = Sustained Visual Attention Quotient

Step 10: Interpreting IVA-2 When...

Visual Validity Check is Valid AND Auditory Validity Check is Invalid AND VRCQ* AND VAQ* are less than 85

(If the above conditions are not true, go to Step 11.)

Interpretive Formula Conditions	Interpretive Clinical Suggestions	Further Interpretive Guidelines
1. If VRCQ AND VAQ are less than 80	ADHD, Combined	<p>1. Always consider alternative diagnoses and co-morbid diagnoses which may account for or contribute to the functional problems reported or identified.¹</p> <p>2. If your client is an adult or a young person whom you believe may have been coached by an adult in how to perform on the test and you suspect the possibility of malingering, examine the Malingering Indicator for the visual modality presented in the Special Analyses.</p> <p>3. Examine and describe the Primary² IVA-2 Visual scales in terms of relative areas of strength and weakness.³</p> <p>4. The Symptomatic scales can help you to understand if the individual had any problems comprehending the test, was able to persist at the end of the test, and if any sensorimotor problems existed that would impair performance.⁴</p> <p>5. Recommendations for treatment interventions may need to be considered based on clinical judgment, history, and other test data.</p> <p>6. Different psychological or behavioral treatments may be recommended based on the relevant pattern for the Visual Primary scales and the Symptomatic scales.</p> <p>7. When the IVA-2 is invalid for the auditory modality, this may indicate a significant problem. It generally suggests the possibility of the following diagnoses: Unspecified neurodevelopmental disorder, Mild neurocognitive disorder, or Other Specified ADHD. In making the diagnosis, the clinician will need to consider the client's age, medical etiology, and other clinical data. Also, poor motivation or intellectual deficiencies can account for invalid test performance in the auditory domain. When less than 8 years old, a child's inability to respond validly to auditory stimuli may indicate a normal developmental delay and, thus not support any diagnosis, including ADHD. In addition, depending on the relevant clinical data and history, other mental or medical diagnoses may need to be considered.</p>
2. If VRCQ is less than 80 OR VAQ is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
3. If Comprehension Visual is less than 85	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
4. If Fine Motor Hyperactivity is less than 85	ADHD, Combined	
5. If SVAQ* is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
6. If one or more Visual Key Primary ² scale quotients are less than 68 (excluding the Fine Motor Hyperactivity quotient)	Unspecified ADHD: Additional clinical data are needed to clarify this diagnosis or other possible diagnoses.	
7. None of the above rules apply	Consider Unspecified neurodevelopmental disorder (if child) or Mild neurocognitive disorder (if adult) or Other Specified ADHD or No ADHD (if child is less than 8 years old).	

*VRCQ = Visual Response Control Quotient

*SAAQ = Sustained Auditory Attention Quotient

*VAQ = Visual Attention Quotient

*SVAQ = Sustained Visual Attention Quotient

Step 11: Interpreting IVA-2 When...

Visual Validity Check is Valid AND Auditory Validity Check is Invalid AND VRCQ* is less than 85 AND VAQ* is greater than or equal to 85

(If the above conditions are not true, go to Step 12.)

Interpretive Formula Conditions	Interpretive Clinical Suggestions	Further Interpretive Guidelines
1. If VRCQ is less than 80	ATF(+) = ADHD, Combined ATF(-) = ADHD, Hyperactive/impulsive	<p>1. Always consider alternative diagnoses and co-morbid diagnoses which may account for or contribute to the functional problems reported or identified.¹</p> <p>2. If your client is an adult or a young person whom you believe may have been coached by an adult in how to perform on the test and you suspect the possibility of malingering, examine the Malingering Indicator for the visual modality presented in the Special Analyses.</p> <p>3. Examine and describe the Primary² IVA-2 Visual scales in terms of relative areas of strength and weakness.³</p> <p>4. The Symptomatic scales can help you to understand if the individual had any problems comprehending the test, was able to persist at the end of the test, and if any sensorimotor problems existed that would impair performance.⁴</p> <p>5. Recommendations for treatment interventions may need to be considered based on clinical judgment, history, and other test data.</p> <p>6. Different psychological or behavioral treatments may be recommended based on the relevant pattern for the Visual Primary scales and the Symptomatic scales.</p> <p>7. When the IVA-2 is invalid for the auditory modality, this may indicate a significant problem. It generally suggests the possibility of the following diagnoses: Unspecified neurodevelopmental disorder, Mild neurocognitive disorder, or Other Specified ADHD. In making the diagnosis, the clinician will need to consider the client's age, medical etiology, and other clinical data. Also, poor motivation or intellectual deficiencies can account for invalid test performance in the auditory domain. When less than 8 years old, a child's inability to respond validly to auditory stimuli may indicate a normal developmental delay and, thus not support any diagnosis, including ADHD. In addition, depending on the relevant clinical data and history, other mental or medical diagnoses may need to be considered.</p>
2. If Visual Comprehension quotient is less than 85	IHF(+) = ADHD, Hyperactive/impulsive IHF(-) = ADHD, Inattentive	
3. If one or more of the Response Control Visual Key Primary ² quotients are less than 68 (excluding the Fine Motor Hyperactivity quotient)	IHF(+) = ADHD, Hyperactive/impulsive IHF(-) = ADHD, Inattentive	
4. If the Fine Motor Hyperactivity quotient is less than 85	ATF(+) = ADHD, Combined ATF(-) = ADHD, Hyperactive/impulsive	
5. If SVAQ* is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
6. If one or more of ANY Visual Key Primary ² Scale quotients are less than 68 (excluding the Fine Motor Hyperactivity quotient)	Unspecified ADHD: Additional clinical data are needed to clarify this diagnosis or other possible diagnoses.	
7. None of the above rules apply	Consider Unspecified neurodevelopmental disorder (if child) or Mild neurocognitive disorder (if adult) or Other Specified ADHD or No ADHD (if child is less than 8 years old).	

*VRCQ = Visual Response Control Quotient

*SAAQ = Sustained Auditory Attention Quotient

*VAQ = Visual Attention Quotient

*SVAQ = Sustained Visual Attention Quotient

Step 12: Interpreting IVA-2 When...

Visual Validity Check is Valid AND Auditory Validity Check is Invalid AND VAQ* is less than 85 AND VRCQ* is greater than or equal to 85

(If the above conditions are not true, go to Step 13.)

Interpretive Formula Conditions	Interpretive Clinical Suggestions	Further Interpretive Guidelines
1. If VAQ is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	<p>1. Always consider alternative diagnoses and co-morbid diagnoses which may account for or contribute to the functional problems reported or identified.¹</p> <p>2. If your client is an adult or a young person whom you believe may have been coached by an adult in how to perform on the test and you suspect the possibility of malingering, examine the Malingering Indicator for the visual modality presented in the Special Analyses.</p> <p>3. Examine and describe the Primary² IVA-2 Visual scales in terms of relative areas of strength and weakness.³</p> <p>4. The Symptomatic scales can help you to understand if the individual had any problems comprehending the test, was able to persist at the end of the test, and if any sensorimotor problems existed that would impair performance.⁴</p> <p>5. Recommendations for treatment interventions may need to be considered based on clinical judgment, history, and other test data.</p> <p>6. Different psychological or behavioral treatments may be recommended based on the relevant pattern for the Visual Primary scales and the Symptomatic scales.</p> <p>7. When the IVA-2 is invalid for the auditory modality, this may indicate a significant problem. It generally suggests the possibility of the following diagnoses: Unspecified neurodevelopmental disorder, Mild neurocognitive disorder, or Other Specified ADHD. In making the diagnosis, the clinician will need to consider the client's age, medical etiology, and other clinical data. Also, poor motivation or intellectual deficiencies can account for invalid test performance in the auditory domain. When less than 8 years old, a child's inability to respond validly to auditory stimuli may indicate a normal developmental delay and, thus not support any diagnosis, including ADHD. In addition, depending on the relevant clinical data and history, other mental or medical diagnoses may need to be considered.</p>
2. If Visual Comprehension quotient is less than 85	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
3. If one or more of the Visual Attention Key Primary ² quotients are less than 68	IHF(+) = ADHD, Hyperactive/impulsive IHF(-) = ADHD, Inattentive	
4. If SVAQ* is less than 80	IHF(+) = ADHD, Combined IHF(-) = ADHD, Inattentive	
5. If Fine Motor Hyperactivity quotient is less than 85	ATF(+) = ADHD, Combined ATF(-) = ADHD, Hyperactive/impulsive	
6. If one or more of ANY Visual Key Primary ² scale quotients are less than 68 (excluding the Fine Motor Hyperactivity quotient)	Unspecified ADHD: Additional clinical data are needed to clarify this diagnosis or other possible diagnoses.	
7. None of the above rules apply	Consider Unspecified neurodevelopmental disorder (if child) or Mild neurocognitive disorder (if adult) or Other Specified ADHD or No ADHD (if child is less than 8 years old).	

*VRCQ = Visual Response Control Quotient

*SAAQ = Sustained Auditory Attention Quotient

*VAQ = Visual Attention Quotient

*SVAQ = Sustained Visual Attention Quotient

Step 13: Interpreting IVA-2 When...

Both the Visual AND Auditory Validity Checks are Invalid

(This is the final step.)

Interpretive Formula Conditions	Interpretive Clinical Suggestions	Further Interpretive Guidelines
1. If Fine Motor Hyperactivity quotient is less than 68	Unspecified ADHD: Additional clinical data are needed to clarify this diagnosis or other possible diagnoses.	1. Always consider alternative diagnoses and co-morbid diagnoses which may account for or contribute to the functional problems reported or identified. ¹ 2. If your client is an adult or a young person whom you believe may have been coached by an adult in how to perform on the test and you suspect the possibility of malingering, examine the Malingering Indicator presented in the Special Analyses.
2. None of the above rules apply	Consider Unspecified neurodevelopmental disorder (if child) or Mild neurocognitive disorder (if adult) or Unspecified ADHD.	3. Examine and describe the Fine Motor Hyperactivity quotient as this scale can be validly interpreted. 4. The Symptomatic scales can help you to understand if the individual had any problems comprehending the test, was able to persist at the end of the test, and if any sensorimotor problems existed that would impair performance. ⁴ 5. Recommendations for treatment interventions may need to be considered based on clinical judgment, history and other test data. 6. Different psychological or behavioral treatments may be recommended based on clinical judgment, history and other test data. 7. When the IVA-2 is invalid for both the visual and auditory modalities, this may indicate a significant problem. It suggests the possibility of the following diagnoses: Unspecified neurodevelopmental disorder, Mild neurocognitive disorder, or Unspecified ADHD. In making the diagnosis, the clinician will need to consider the client's age, medical etiology, and other clinical data. Also, poor motivation or intellectual deficiencies can account for invalid test performance in the visual and auditory domains. For these factors, other psychological or medical disorders may need to be considered.

Footnotes

¹For example, individuals who take this test that have been previously diagnosed as having schizophrenia or traumatic brain injury may show impairments similar to those of individuals with ADHD. Other diagnoses for examiners to consider which may result in impaired IVA-2 test scores are: Major depressive, Generalized anxiety, Substance use, Obsessive-compulsive, Persistent depressive, Bipolar, Sleep-wake, Posttraumatic Stress, Conduct, Intellectual developmental, Autism spectrum, Epilepsy, Malingering, Oppositional defiant, Adjustment, Neurocognitive, and Other specified disorders, including Central auditory processing disorder, Central visual processing disorder, and Learning disabilities.

²The Key Primary Response Control IVA-2 scales are Prudence, Consistency, Stamina and Fine Motor Hyperactivity. The Key Primary Attention IVA-2 scales are Vigilance, Focus and Speed.

³In describing the relative strengths and weaknesses of IVA-2 standard Q-scores for individuals, it is recommended that you use the descriptive labels found in Table 1 at the end of this section.

⁴The Symptomatic scales are Comprehension, Persistence, and Sensory/Motor.

Impulsive/Hyperactive Factor (IHF) is positive (+) when any valid Prudence, Reliability, or Fine Motor Hyperactivity Scales have a quotient score less than 85. When none of these scales meet this criterion, IHF will be noted as negative (-).

Attention Factor (ATF) is positive (+) when any valid Vigilance or Steadiness Scales have a quotient score less than 85. When none of these scales meet this criterion, ATF will be noted as negative (-).

Appendix

Table 1. Descriptive Labels for Standard Quotient Scores

Descriptive Label	Standard Quotient Score Range
Exceptional	130 and above
Superior	120-129
Above Average	110-119
Average	90-109
Slightly Impaired	85-89
Mildly Impaired	80-84
Mildly to Moderately Impaired	76-79
Moderately Impaired	72-75
Moderately to Severely Impaired	68-71
Severely Impaired	61-67
Extremely Impaired	60 and below