

IVA-2 Clinical Report

Name: Case, Sample 1

Age: 22 Sex: M Report Date: 11/11/2016 Test Date: 11/9/2016 02:50 PM On Meds: N

This IVA-2 Clinical Report requires the test to be administered in accordance with the specified test guidelines under the supervision of a licensed health care professional who is qualified in the use and interpretation of psychological tests. The test is not to be used as a standalone diagnostic instrument. By itself, it does not identify the presence or absence of any clinical diagnosis. The function of the IVA-2 CPT is to aid examiners in making their diagnosis as part of a comprehensive evaluation of clients who present with ADHD-type symptoms. This clinical report will only be generated after clinicians answer all of the relevant questions and then determine, using their professional judgment, a client's clinical diagnosis. This report is only to be distributed to others after it has been carefully reviewed, modified as needed, and signed by the examiner.

He is a 22 year old male who presents with the primary symptoms of difficulty staying organized, difficulty sustaining attention, poor academic performance, and short term memory problems. Symptoms were noted as occurring in the school and home settings. I have determined that these symptoms clearly impair his functioning. Significant inattentive symptoms were observed during the IVA-2 test administration, but no significant ADHD-type symptoms were observed during the clinical intake. This individual's symptoms are not due to an inability to understand instructions. They are also not due solely to hostile or oppositional behavior.

This individual has not previously been diagnosed as having ADHD. His symptoms have persisted for a sufficient period of time to support a diagnosis of ADHD. ADHD symptoms were identified to be present when this individual was a child. One or more family members have been reported as being formally diagnosed with ADHD. This individual was not taking any medication at the time of testing that was likely to affect his test results.

The test results were fully valid, and this individual demonstrated sufficient motivation in completing this test. His IVA-2 test scores suggest that the examiner consider the diagnoses of ADHD, Combined presentation, Mild Neurocognitive Disorder, and Other Mental Diagnosis.

The MeSA-AE test assesses an individual's executive control functioning which consists of these two components: attention control and cognitive flexibility. I administered the MeSA-AE test in order to assess this individual's various cognitive strengths and weakness related to his executive control functioning. The test was taken on 11/9/2016 03:53 PM. It was administered on the same day as the IVA-2 Test. This individual was determined not to be on medications that could affect his performance on the MeSA-AE Test. An adjustment was made to the completion time of the MeSA-AE test scores in order to take into account this person's education level. He completed two years of college and his MeSA-AE test scores were corrected in order to compare his performance to similar levels of intelligence as individuals. I determined that he validly completed Test A and had an Attention Control scale score of 78. Based on my judgement, he also validly finished Test B which resulted in a Cognitive Flexibility scale

score of 68. His ECQ scale score was 62 which showed that his Executive Control abilities were in the severely impaired range.

In order to better understand this individual's strengths and weaknesses I find it useful to compare his overall visual IVA-2 attentional functioning with his capabilities identified by the MeSA-AE in attention control and cognitive flexibility. This individual's quotient score on this IVA-2 measure of visual attention was 47 (PR=1) and it fell in the extremely impaired range. In comparison his MeSA-AE **Attention Control Quotient** (ACQ) score was 78 (PR=7) and his **Cognitive Flexibility Quotient** (CFQ) was 68 (PR=2).

I have determined that his MeSA-AE CFQ scale score identified him to be functioning in the moderately to severely impaired range. In contrast, the extreme visual attention deficits identified by the IVA-2 test revealed that he was significantly more impaired in his ability to utilize his visual attention skills than in respect to his cognitive flexibility. With his MeSA-AE ACQ scale score showing that he was functioning in the mildly to moderately impaired range in respect to his attention control I concluded that these deficits are contributing to his overall attention problems. Thus, his ACQ score revealed to me that he had significant deficits in his selective attention, visuospatial sequencing and central processing speed. In my clinical opinion this individual had a wide range of problems including visual attention, visuospatial sequencing, central processing speed and the cognitive flexibility skills involving visuospatial classification, working memory and problem solving. These combined impairments indicate that he is likely to be limited in a number of ways in his ability to meet the demands of his life.

Based on my clinical judgment and overall evaluation, this individual's diagnosis is ADHD, Combined presentation, Moderate. In order to help him at this time, based on his diagnosis, I am making the following treatment recommendations: cognitive training, neurofeedback, and use of an ADHD coach. I am recommending that the following reasonable accommodations be made to help this individual in academic settings: provide note-taking assistance and provide tutoring.

I have reviewed this interpretive report and have modified it as necessary in accordance with my comprehensive evaluation, the client's history and other relevant clinical data.

John Q. Public, Ph.D.
Clinical Psychologist