

## **Malingering Analysis and 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 malingering 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 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.

The Malingering Analysis provided in the IVA-2 is useful in cases where the examiner suspects the possibility of malingering. While this analysis helps the examiner identify possible malingering, it needs to be kept in mind that a person with extreme attention and/or response control problems may have such impaired scores that he or she looks like a malingerer. Also, random responding may lead to malingering being suggested as a possibility in this analysis. Since, it would be very rare for an individual under the age of 13 to malingering, no Malingering Analysis is available for children who are twelve years and younger. The strength of the IVA-2 Malingering Analysis lies in the fact that most “normal” adults make very few errors in their responses to the IVA-2 test stimuli. Thus, if an individual is consciously trying to “look bad” for some ulterior purpose or personal benefit, his or her standard scores are likely to fall in the very extreme range, well beyond the impairment level usually found in the IVA-2 test scores for adults who truly have ADHD or mild traumatic brain injury.

The cut-off scores used in the IVA-2 test are based on the research study published in the Archives of Clinical Neuropsychology titled the Detection of Malingering in Assessment of Adult ADHD, by C. Quinn (Volume 18, Issue 4 (May, 2003), pages 379-395). When the IVA-2 global Auditory Response Control Quotient (ARCQ) is added to the global Auditory Attention Quotient (AAQ) scale score and the total is less than or equal to 118, then possible malingering is indicated. Also, when the IVA-2 global Visual Response Control Quotient (VRCQ) is added to the global Visual Attention Quotient (VAQ) scale score and the total is less than or equal to 116, then this result indicates possible malingering, as well. If the box marked Malingering Evaluation is checked, then a section will be added to the Standard, Detailed and Comprehensive reports that helps guide the examiner in interpreting the individual’s test scores for possible malingering. This interpretation is based on the published research cited above and will need to reviewed by the examiner.

In addition to the two global scale score combinations indicative of possible malingering, additional cut-off scores suggestive of malingering have been identified for Comprehension and Vigilance primary scales when either their visual or auditory quotient scores were six or more standard deviations below the mean (less than or

equal to 40). The Prudence auditory and visual scales were also identified to suggest possible malingering when either quotient test score was three or more standard deviations below the mean (less than or equal to 55). These additional primary scales are included in the malingering interpretation for reports only when at least one of the two IVA-2 global scale indicators of malingering are positive. In that case, these scales provide additional markers that the examiner may want to include in their assessment of possible malingering. As always, the evaluation and determination of malingering is a clinical judgment and will generally be based on a comprehensive evaluation, additional tests of malingering, and the examiner's clinical observations regarding unusual test taking behaviors and patterns throughout the evaluation.