IVA-AE2 Sustained Attention Report - Extended Test

Name: Case, Sample

Age: 21 Sex: F Report Date: 8/25/2015 Test Date: 8/16/2015 09:22 AM On Meds: N

Comment:

This report provides the clinician with more detailed information about the global Sustained Attention scales and the primary scales that comprise them. These scales are sensitive to the problems that people may have when they make efforts to sustain their attention during the test. There is a single global scale, Sustained Attention, which is a comprehensive overall measure that is based on the two global auditory and visual scales. Each of these two global scales is comprised of six primary scales; Acuity, Dependability, Elasticity, Reliability, Steadiness and Swiftness. The primary scale score interpretation will help guide the examiner in better understanding the individual's strengths and weaknesses in more detail in respect to processing information and sustaining their attention in numerous ways during the test. The interpretation below will address both the global scales and the six component scales that comprise them. The significance will be expressed in descriptive terms along with a suggested interpretation of the relevant meaning of each strength or deficit. This information can then be used in formulating treatment interventions and guiding the clinician in suggesting possible accommodations for this individual.

The main test results were found to be valid. All global and primary test scale scores in the IVA-AE2 Sustained Attention Analysis can be interpreted without reservation.

This individual's overall global quotient scale score for the **Sustained Attention** scale was 75 (PR=4). This score fell in the moderately impaired range. This individual's impairment of her global sustained attention is highly likely to significantly impact her ability to function in a variety of ways. The specific effects of this deficit in her ability to maintain her attention will be discussed below in more detail for each of the sustained attention primary scales. Her visual Sustained Attention score was in the moderately to severely impaired range with a score of 71 (PR=3). There is likely to be a significant effect pertaining to her visual attentional functioning which may manifest in various ways. She may not be able to attend well to instructions that are presented solely in a written or visual format. Multi-modal presentations or other accommodations may help her. The auditory Sustained Attention score was 85 (PR=16). The slightly impaired auditory sustained attention score may impact daily her attentional functioning when required to process auditory stimuli.

Acuity measures errors of omission under low demand conditions. Acuity is a subset of the Vigilance scale, but does not include propensity errors of omission. Acuity is a particularly sensitive scale for adults, who tend to make very few errors of this type. This individual's overall global quotient scale score for the Acuity scale was 78 (PR=7). Her score fell in the mildly to moderately impaired range. The effect of this impairment in the global Acuity scale is highly likely to significantly impact her ability to function. She made a significant number of errors of omission under low demand conditions. She may be likely to drift off and lose focus if constant demands are not placed on her attention. Her visual Acuity score was 69 (PR=2) which fell in the moderately to severely impaired range. The effect of this impairment in the visual Acuity scale is highly likely to significantly impact her ability to function. She made a significant number of errors of omission to visual targets under low demand conditions. She would be likely to lose focus and miss information presented solely in a visual format when stressed or if not actively engaged. Social and

environmental changes may be warranted to help her compensate for these deficits in attentional functioning. She may also respond well to cognitive training targeted at improving her ability to process and respond to visual stimuli. Her auditory Acuity scale score was 95 (PR=38). Her auditory Acuity scale score was average which did not indicate impairment on the auditory Acuity scale score.

Dependability reflects the variability of reaction times to visual 3's or auditory 5's under low demand conditions. An individual who responds in a similar fashion to every trial demonstrates a high level of dependability and is able to stay focused on the task at hand. Her combined Dependability scale score was 90 (PR=24) which fell in the average range. This individual was not found to be impaired on the Dependability scale score. She had a slightly impaired visual Dependability score of 89 (PR=24). The variability in her reaction times as measured on the IVA-AE2 Dependability scale may reflect some moments of distraction to either internal or external visual stimuli. This impairment may impact her daily life in subtle ways. These delays in processing test stimuli may have been due to deficits in working memory or frequent momentary visual lapses in attention. She may have also some difficulty in processing written material or information presented solely in a visual format. She may sometimes make careless errors to visual stimuli. Cognitive behavioral exercises to train her speed and accuracy of visual processing and her ability to sustain attention may improve her visual functioning. Her performance on auditory Dependability was average with a score of 95 (PR=38). No impairment was found on the auditory Dependability scale score.

Elasticity measures the number of errors of omission occurring when a visual 3 or auditory 5 is presented immediately after an auditory 3 or visual 5 during high demand conditions. A low score on this scale may reflect the individual's difficulty being flexible when faced with changing conditions. Her problems with Elasticity were global and reflected in the combined scale as well as the auditory and visual scales. Her global quotient scale was severely impaired with a score of 65 (PR=1). The visual Elasticity scale was severely impaired with a score of 67 (PR=1) and her auditory Elasticity score was 75 (PR=4) which fell in the moderately impaired range. Her lapses in attention specifically occurred immediately after being required to inhibit responding. This reflects difficulties in attentional functioning and indicates that she had problems being able to quickly get "back on track." An individual with these specific types of problems is likely to be very easily distracted and have problems with mental alertness as well. Compensatory techniques to increase her awareness of her problems in maintaining and accurately responding to changes in her environment need to be considered. In addition, cognitive training exercises to enhance attentional focus and response accuracy when the demand to perform is high are likely to benefit her.

Reliability is a measure of idiopathic errors of commission (clicking to an auditory 3 or visual 5 under low demand conditions where the targets are rare). There were no significant problems found for her global, visual or auditory Reliability scales. Her overall global quotient scale score was 96 (PR=38). She had an average visual Reliability score of 95 (PR=38) and her auditory Reliability score of 98 (PR=46) fell in the average range.

Steadiness is defined as the percentage of correct responses to the visual 3's or auditory 5's under high demand conditions (when visual '3's or auditory '5's are prevalent) when the requirement to respond is sustained. Propensity errors of omission (missing the first visual '3' or auditory '5' following an auditory '3' or visual '5') are not included in the Steadiness scale. Her overall global Steadiness scale score was 64 (PR=1) which fell in the severely impaired range. This deficit reflects a high number of idiopathic omission errors. Such a degree of difficulty may be reflective of an inability to perform on the IVA-AE2 test or an inability to understand the rules of the test. In either case, she would be expected to show a number of significant problems in her real-life functionality. She had an extremely

impaired visual Steadiness score of 55 (PR=1). This is indicative of a significant issue in terms of her ability to respond effectively to visual information. This pattern of responding indicates that this individual was either negligent, indifferent, impaired in working memory or had some mental confusion that resulted in her failure to respond accurately to visual stimuli under high demand conditions. She needs to be evaluated clinically to determine whether this extreme deficit is due to one of these causal factors or is the result of other emotional or psychological factors that impair her functioning. In either case, this individual's performance on both the visual Steadiness scales reflects gross attentional dysfunction. Her performance on auditory Steadiness was mildly impaired with a score of 80 (PR=10). She did show some issues with idiopathic omission errors to auditory stimuli which may affect her in minor ways. She may perform better when instructions are presented in a written format rather than verbally.

Swiftness is a measure of response times under low demand conditions when the targets are rare. It reflects the ability to remain alert and correctly respond to targets when the overall demand to pay attention is low. A high score on this scale shows that the person responds quickly when a target appears. A low score may indicate that the test taker has slow processing speed. No impairment was found for the global, visual or auditory Swiftness scales. Her overall global quotient scale score was 102 (PR=54). She had an average visual Swiftness score of 106 (PR=66) and her auditory Swiftness score of 97 (PR=42) fell in the average range. Her recognition reaction time indicates that she is able to quickly perceive and respond adequately to stimuli under low demand conditions.

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

Signature _John A. Smith, Ph.D._

Name _____John A. Smith, Ph.D._____

Title _____Clinical Psychologist_____