IVA-AE2 Standard Report - Extended Test

Name: Case, Sample

Age: 21 Sex: F Report Date: 9/9/2015 Test Date: 8/16/2015 09:22 AM On Meds: N

Comment:

OVERVIEW OF THE IVA-AE2 CPT AND GENERAL INTERPRETIVE GUIDELINES

This IVA-AE2 Standard Report was created in order to help the examiner interpret the IVA-AE2 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. The IVA-AE2 CPT (Integrated Visual & Auditory Continuous Performance Test - Advanced Edition) in this Extended Test version, is a test of attention that measures responses to 1000 intermixed auditory and visual stimuli spaced 1 second apart. The task is to only click the mouse when the target stimulus is a visual "3" or an auditory "5."

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. 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-AE2 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 making 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-AE2 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 her responses to either visual or auditory test stimuli.

SUMMARY OF TEST RESULTS FOR THE IVA-AE2 GLOBAL SCALES

Her **Auditory Response Control** quotient scale score was 88 (PR=21). This global scale score fell in the slightly impaired range. The **Visual Response Control** quotient scale score for this individual was 77 (PR=7). This global scale score fell in the mildly to moderately impaired range.

Her **Auditory Attention** quotient scale score was 79 (PR=8), and this global scale score fell in the mildly to moderately impaired 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.

Her global **Auditory Sustained Attention** quotient scale score was 85 (PR=16), and it fell in the slightly impaired range. The global **Visual Sustained Attention** quotient scale

score for this individual was 71 (PR=3). This score was found to fall in the moderately to severely impaired range.

IVA-AE2 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 her functioning in the home and work settings. The Parent Rating Scales identified a significant number of inattentive and hyperactive/impulsive symptoms. The IVA-AE2 test results, combined with the rating scale data, suggest that the clinician consider the alternative diagnosis of **Attention-Deficit/Hyperactivity Disorder, Combined presentation**. In making this diagnosis, the examiner will need to assess the validity of the hyperactive/impulsive behaviors identified by the Parent Rating scales, because the IVA-AE2 test results did not show impairments in response control.

In addition, 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 she was a child, it is essential that the examiner clarify this individual's clinical history in order to make a definitive diagnosis.

Her global Attention quotient scale score fell in the moderately to severely impaired range. Her global Response Control quotient scale score indicated a mild impairment. However, she was not identified as making an excessive number of impulsive errors during the test. These IVA-AE2 findings provide support for the above possible diagnosis.

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.

Signature John A. Smith, Ph.D.

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