

IVA-2 Detailed Report

Name: Case, Sample 2

Age: 68 Sex: M Report Date: 11/11/2016 Test Date: 11/9/2016 03:10 PM On Meds: N

OVERVIEW OF THE IVA-2 CPT AND GENERAL INTERPRETIVE GUIDELINES

This IVA-2 Detailed 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. The relevant strengths and weaknesses for each of the Attention and Response Control Global Scales will be reviewed. Detailed descriptions of the test scales are included in this report.

The IVA-2 CPT (Integrated Visual & Auditory 2 Continuous Performance Test) is a test of attention and impulsivity that measures responses to 500 intermixed auditory and visual stimuli spaced 1.5 seconds apart. The task is to click the mouse to the target stimuli which is either an auditory or visual "1" and to refrain from clicking when the foil stimulus (i.e., an auditory or visual "2") is presented. The quotient scores for all of the IVA-2 scales are reported as standard scores (Mean = 100, SD = 15). The percentile ranks for the standard scores are also reported. The main test lasts about twelve minutes.

In accordance with professional standards this confidential report is only to be distributed to others after it has been carefully reviewed, modified as needed, and signed by the examiner. The report provides interpretive suggestions and hypotheses for the examiner to consider, but it is not to be construed as prescriptive, definitive, or diagnostic. The clinical determinations that are indicated by the test results and are by no means conclusive. 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-2 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-2 TEST RESULTS

The IVA-2 test was taken on a Windows PC. There are two separate validity checks for this test. First, during the Warm-up and Cool-down phases of the test, the individual must demonstrate comprehension of the test instructions by clicking correctly to simple visual and auditory test targets at least three times. Second, there is a validity check during the main section of the test that evaluates whether the individual's response pattern was erratic. This would indicate numerous random responses and a failure to respond in accordance with the test instructions.

The Sensory/Motor validity check is based on whether or not this individual can adequately respond to the simple tests on which the Auditory and Visual Sensory/Motor scales are based. During both the Warm-up and Cool-down phases of this test, this

individual made valid responses to auditory stimuli. He also made valid responses to visual stimuli during the Warm-up and Cool-down phases. The quotient scores and simple reaction times for these scales are provided in the Standard Scale Analysis. Since he was able to validly respond to both sensory modalities during the Warm-up and/or Cool-down phases, the examiner can interpret the Sensory/Motor validity test as showing that he was able to adequately understand the basic instructions of this test.

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 his responses to either visual or auditory test stimuli. The examiner can proceed in an interpretation of all visual and auditory test scores without reservation.

IVA-2 DIAGNOSTIC INTERPRETIVE GUIDELINES

MALINGERING 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.

Neither the Visual nor the Auditory Malingering Indicators identified this individual as malingering on the IVA-2.

The examiner has determined that the MeSA-AE test is not fully valid. Consequently, it is necessary for examiners to use their clinical judgment in evaluating an individual's performance in respect to the possibility of malingering for this report. Further information regarding the evaluation of possible malingering may be available in the MeSA-AE interpretative reports and the examiner can also review the IVA-2 malingering test findings.

In respect to the MeSA-AE Test, the possibility of malingering or an attempt to exaggerate symptoms is evident in unusually long Test A and Test B completion times. Malingering is defined as attempting to feign impairments of cognitive deficits for personal gain. Published research has found that individuals in experiments who are instructed to "fake bad" on this test or litigants who are suspected as malingering based on recognized tests of malingering have extremely low test quotient scale scores (less than 2.65 SD), and secondarily often make an unusually high number of test errors. The guidance provided in this report to help examiners evaluate the possibility of malingering is based on using age and education corrected standard scale scores for the Attention Control Quotient (ACQ) and the Cognitive Flexibility Quotient (CFQ). The determination of malingering always requires that a clinical decision be made by the examiner. In all cases, additional tests of malingering will need to be administered in order to accurately identify its occurrence. The MeSA-AE test by itself cannot be used to accurately identify malingering.

This individual's impaired performance on both Test A (90 seconds) and B (235 seconds) suggests that the examiner consider the possibility of malingering. His ACQ

was 50 (PR=1) which fell in the extremely impaired range. On Test B his CFQ was 59 (PR=1) and this quotient score fell in the extremely impaired range. On both of these tests he took an unusually long time to complete them. While the MeSA-AE suggested that the examiner consider the possibility of malingering, neither the IVA-2 Visual nor Auditory Malingering Indicators identified this individual as malingering.

Since it is possible that an individual with a valid cognitive or neurological disorder could show an extreme level of impairment, the examiner will need to carefully decide whether or not malingering would account for this individual's poor test performance. It will be important for the examiner to evaluate all of the relevant clinical data in making a determination and not just these test results. Specifically, the examiner will need to take into account the behavioral observations made during the test and any other unusual test findings completed within a comprehensive evaluation in making a determination regarding the issue of malingering.

SUMMARY OF TEST RESULTS FOR THE IVA-2 GLOBAL SCALES

This individual's overall global quotient scale score for the **Full Scale Response Control** scale was 106 (PR=66). This score fell in the average range. His **Auditory Response Control** quotient scale score was 117 (PR=86). This global scale score fell in the above average range. The **Visual Response Control** quotient scale score for this individual was 90 (PR=24). This global scale score fell in the average range.

This individual's overall quotient score on the **Full Scale Attention** scale was 113 (PR=82). This global scale score fell in the above average range. His **Auditory Attention** quotient scale score was 117 (PR=86), and this global scale score fell in the above average range. The **Visual Attention** quotient scale score for this individual was 108 (PR=69). This global scale score was classified as falling in the average range.

This individual's global quotient score on the **Combined Sustained Attention** scale was 118 (PR=88). This score fell in the above average range. His global **Auditory Sustained Attention** quotient scale score was 120 (PR=90), and it fell in the superior range. The global **Visual Sustained Attention** quotient scale score for this individual was 113 (PR=82). This score was found to fall in the above average range.

The identified strengths, weaknesses, and interrelationships of the Auditory and Visual Response Control and Attention scales are reported and discussed below. The specific scales that comprise the Auditory and Visual Sustained Attention scales and their meanings are discussed in the sections related to the Primary Response Control and Attention scales. Also, a discussion is included in the sections below for the three Symptomatic scales: Comprehension, Persistence, and Sensory/Motor.

ATTENTION PRIMARY SCALES

Vigilance

Vigilance is a Primary scale that measures general attentional ability. Deficits in Vigilance result from errors of omission that occur under both high and low demand conditions.

This person's **Auditory Vigilance** quotient scale score was 109 (PR=73), which falls in the average range. This individual did not show any problems with his general auditory attentional functioning.

This person's **Visual Vigilance** quotient scale score of 108 (PR=69) fell in the average range. This individual did not show any problems with his general visual attentional functioning.

Focus

This individual's **Auditory Focus** quotient scale score of 122 (PR=93) fell in the superior range. He demonstrated a strength in his ability to stay focused to auditory stimuli during the test and resist being distracted by internal thoughts or external auditory distractions.

This person's **Visual Focus** quotient scale score of 97 (PR=42) fell in the average range. No problems were found for him with visual focus. During the IVA-2 test, his response times were not excessively variable. He demonstrated that he could cope well with both internal and external visual distractions and stay focused visually.

Speed

This individual's **Auditory Speed** quotient scale score of 108 (PR=69) falls in the average range. This individual did not show any problems with his overall auditory processing speed. His recognition reaction time falls within the average range. His processing speed shows that he is able to perceive quickly and respond adequately to auditory stimuli.

He had an above average **Visual Speed** quotient scale score of 112 (PR=79). His recognition reaction time falls within the above average range. His processing speed shows that he is above average with respect to his ability to perceive and respond to visual stimuli. This represents a relative strength for him.

RESPONSE CONTROL PRIMARY SCALES

Prudence

Prudence is a measure of impulsivity as defined by errors of commission. It is an important measure of performance related to response control and a Primary scale.

This individual's **Auditory Prudence** quotient scale score of 112 (PR=79) fell in the above average range. He demonstrated a strength with respect to his ability to inhibit responses to auditory stimuli during the IVA-2 test. This strength indicates the ability to inhibit and shift mental sets better than peers.

This person's **Visual Prudence** quotient scale score of 103 (PR=58) fell in the average range. No problems with inhibition to non-target visual stimuli were identified. This individual demonstrated an average ability to control his responses and inhibit appropriately to non-target visual stimuli.

Consistency

The Consistency scale is a general measure of an individual's ability to respond reliably based on his reaction time. Consistency is an important Primary scale for understanding and evaluating response control.

This individual was superior in his ability to be consistent in his responses to auditory stimuli. His **Auditory Consistency** quotient scale score was 129 (PR=97). This strength indicates the ability to sustain attention without being distracted by internal or external auditory stimuli.

This individual's ability to be consistent in his responses to visual stimuli was average. The **Visual Consistency** quotient scale score for this individual was 93 (PR=31). Visual distractions are not generally a problem for this individual. He is able to be reliable and consistent in his responses to visual stimuli and can also ignore visual diversions.

Stamina

The Stamina scale is a measure of the individual's ability to sustain his speed of response time during the course of the test. This scale is a Primary scale and is an important measure of response control.

This individual's **Auditory Stamina** quotient scale score of 93 (PR=31) fell in the average range. This person's response time to auditory stimuli did not change significantly over the course of the test. He was able to maintain his mental processing speed in the auditory domain during the test. In a work setting, he is likely to be capable of meeting the demand to perform and to achieve goals in a timely manner. It would be rare for him not to get his work done unless other psychological or emotional factors are present that impair his functioning in other ways. His work habits are likely to reflect the ability to persevere with respect to his auditory processing speed even when he is faced with challenging tasks.

He had a slightly impaired **Visual Stamina** quotient scale score of 87 (PR=18). This person exhibited a slight slow-down in his response time to visual stimuli over the course of the test.

Fine Motor Hyperactivity

The Fine Motor Hyperactivity Quotient measures off-task, spurious, impulsive, and inappropriate fine motor activity using the mouse input device. Errors on this Primary scale are considered reflective of problems with fine motor self-control but do not reflect gross motor hyperactivity (i.e., "out of seat" behavior). A person who is squirmy, restless, or who doodles or fiddles with small objects may score low on this scale. These kinds of response tendencies may be described as fidgetiness and restlessness. Generally, high incidences of these behaviors are atypical, except for children age 13 and under and individuals over age 55. Quotient scores above the average range are considered reflective of better controlled and more self-regulated responses.

This person's **Fine Motor Hyperactivity** quotient scale score was 119 (PR=90). His score fell in the above average range.

SYMPTOMATIC SCALES

Comprehension

The Comprehension scale is a measure of idiopathic errors both of commission and omission occurring under both low and high demand conditions. It is one of the three Symptomatic scales and is useful in identifying factors that may impact performance or possibly reflect the test-taker's motivation toward taking and understanding the IVA-2 test.

This individual's **Auditory Comprehension** quotient scale score of 112 (PR=79) fell in the above average range. His high quotient score on the Auditory Comprehension scale reflects a strength in his ability to sustain his attention and to avoid making impulsive responses. In his life, he is generally unlikely to make many careless or impulsive errors. His positive functioning on this scale showed that he will in many situations be able to sustain his attention to demanding tasks and "keep up the pace."

This individual's **Visual Comprehension** quotient scale score of 108 (PR=69) fell in the average range. His Visual Comprehension scale did not indicate any major problems. Overall, he performed well with respect to his ability to follow the test rules. No significant impacts in his life should be expected with respect to Visual Comprehension.

Persistence

This individual's **Auditory Persistence** quotient scale score of 90 (PR=24) fell in the average range. There was no significant difference in his auditory reaction time during the Cool-down as compared to the Warm-up. Thus, his quotient score on the Persistence scale did not indicate any problems with his motivation that would impair his functioning on the IVA-2 test.

This person's **Visual Persistence** quotient scale score of 110 (PR=76) fell in the above average range. His score on the Visual Persistence scale showed a significant increase in his visual reaction time after the main test ended. This above average score on the Persistence scale reveals a more positive and motivated attitude toward the IVA-2 test than others his age.

Sensory/Motor

This individual's **Auditory Sensory/Motor** quotient scale score of 114 (PR=82) fell in the above average range. This scale score was computed based on the mean of the three fastest reaction times of his auditory responses during the Warm-up test period. His auditory simple reaction time was faster than most peers his age. This above average score on the Sensory/Motor scale indicates that he is likely to be able to process and respond quickly to auditory stimuli.

This person's **Visual Sensory/Motor** quotient scale score of 105 (PR=62) was in the average range. The mean of his three fastest visual reaction times during the Cool-down test period was used in determining this scale score. This individual's visual simple reaction time revealed him to be similar in performance to most other people his age.

MeSA-AE EXECUTIVE CONTROL SCALE

This individual also completed the MeSA-AE test which measures executive control. However, the examiner has determined that the MeSA-AE test results are not fully valid. Consequently, it is not possible to provide interpretative guidelines pertaining to this test except for signs of possible malingering.

IVA-2 DIAGNOSTIC CONSIDERATIONS

These test results do not provide the examiner with support for the consideration of the diagnosis of ADHD. No significant impairment was found in respect to this individual's overall response control, attentional functioning, or ability to sustain his attention based on all the global IVA-2 quotient scale scores. However, if the individual has specific symptoms or complaints that need to be addressed, then the examiner may want to consider obtaining further medical or psychological evaluations. Based on these evaluations, other medical diagnoses or mental disorders could then be considered.

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