

IVA-2 Standard 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

OVERVIEW OF THE IVA-2 CPT AND GENERAL INTERPRETIVE GUIDELINES

This IVA-2 Standard 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.

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. 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.

SUMMARY OF TEST RESULTS FOR THE IVA-2 GLOBAL SCALES

His **Auditory Response Control** quotient scale score was 70 (PR=2). This global scale score fell in the moderately to severely impaired range. The **Visual Response Control** quotient scale score for this individual was 66 (PR=1). This global scale score fell in the severely impaired range.

His **Auditory Attention** quotient scale score was 59 (PR=1), and this global scale score fell in the extremely impaired range. The **Visual Attention** quotient scale score for this individual was 47 (PR=1). This global scale score was classified as falling in the extremely impaired range.

His global **Auditory Sustained Attention** quotient scale score was 66 (PR=1), and it fell in the severely impaired range. The global **Visual Sustained Attention** quotient scale score for this individual was 54 (PR=1). This score was found to fall in the extremely impaired range.

MeSA-AE EXECUTIVE CONTROL SCALE

The MeSA-AE test assesses an individual's executive control functioning which consists of these two components: attention control and cognitive flexibility. An examination of the performance of individuals on the MeSA-AE test can provide insight into their various cognitive strengths and weaknesses related to the various aspects of their executive functioning capabilities. The MeSA-AE 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 accordingly.

He validly completed Test A with an Attention Control Quotient (ACQ) scale score of 78 that revealed his ACQ to be in the mildly to moderately impaired range. Attention control differs from the attention scales of the IVA-2 in that it is an integrated global measure of an individual's selective attention, visuospatial sequencing, and central processing speed. He also validly finished Test B and had a Cognitive Flexibility Quotient (CFQ) scale score of 68 which fell in the moderately to severely impaired range. Cognitive flexibility provides a comprehensive measure of individuals' consolidated abilities of working memory, alternating attention and visuospatial classification along with their central processing speed. His ECQ scale score was 62 and it showed that his overall executive control was in the severely impaired range.

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).

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. His MeSA-AE ACQ scale score showed that he was functioning in the mildly to moderately impaired range in respect to his attention control; contributing to his overall attention problems. Thus, his ACQ score revealed that he had significant deficits in his selective attention, visuospatial sequencing and central processing speed. Thus, 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.

IVA-2 DIAGNOSTIC CONSIDERATIONS

These test findings suggest that the examiner consider the diagnosis of **Attention-Deficit/Hyperactivity Disorder, combined presentation**, and this individual's pattern of responding was indicative of impairments likely to impact his functioning in the home and work settings. However, it is necessary to determine the occurrence of several inattentive or hyperactive/impulsive symptoms before the age of twelve in order to clinically diagnose ADHD for adolescents or adults. Since the examiner did not identify whether this individual had ADHD symptoms when he was a child, it is essential that the examiner clarify this individual's clinical history in order to make a definitive diagnosis. It will also be necessary that **Mild neurocognitive disorder** and other mental disorders be ruled out as possible underlying causes for this individual's ADHD symptoms.

His global Response Control quotient scale score indicated a severe impairment. In addition, his global Attention quotient scale score fell in the extremely impaired range. These IVA-2 test findings will need to be included in the examiner's diagnostic decision making process.

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.

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