

**Dr Thomas Dannhauser PhD, MRCPsych MBChB**

Consultant & Honorary Senior Lecturer in Psychiatry

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**ADHD Evaluation Summary and Recommendations**

Dear Parent,

Re: Mouse, Minnie

Age: 11 Sex: F Test Date: 07/02/2017 09:52 AM On Meds: U

Based on the results of the IVA-2 attention test and Attention Health Screening tool, it appears highly likely that Minnie has ADHD.

It also appears that she is struggling with mood problems and mathematics, most likely due to ADHD although these could be separate problems.

As a definite diagnosis of ADHD requires an assessment with a paediatrician or child psychiatrist, I recommend that you arrange this for her at your earliest convenience because it is likely the main cause of her symptoms and problems. ADHD is ordinarily a very treatable condition with more than 90% of people responding to treatment.

What follows below is a summary of the relevant findings from her evaluation.

Yours sincerely



Dr. Thomas Dannhauser (Ph.D. MRCPsych, MBChB)  
Consultant & Honorary Senior Lecturer in Psychiatry

## **Your child's attention health history summary**

Minnie is in Year 6 at Clubhouse School.

### **Familial/genetic risk factors**

Paternal genetic / heritability risk: depression, possible ADHD and addiction

Maternal genetic / heritability risk: None affecting immediate family.

### **Pregnancy, maternal, and birth risk Factors**

Pregnancy and maternal risk factors: None reported.

Birth risk factors: Instrument delivery, not know if there was neonatal hypoxia.

Birth weight risk: Medium-High (weight 1.5k - 2.5kg)

Risk factors for attention problems related to premature birth: Medium - High (32 - 37 weeks)

Risk factors for attention problems related to child development delays: None

### **Risk factors related to your child's health history**

Risk factors related to your child's health history: None reported.

Risk factors related to your child's current health status: Asthma, overweight.

Risk factors specifically associated with ADHD: Asthma

Neurological risk factors: None

Established/known emotional health problems: possibly anxiety.

### **Emotional health risk factors and symptoms**

Emotional stressors:

- The family's lifestyle changed significantly over the past six months
- Either of the parents changed employment or started work recently

Emotional health risk factors score: 48, high risk of mental health consequences.

Emotional health symptoms:

- Had inappropriate guilt feelings
- Had lost or gained significant weight in the past 6 months,

Emotional Symptoms Score: 5, mood problem likely.

Mood changes symptoms:

- Felt so irritable that they shouted at others, or started fights or arguments
- Started speaking much faster, louder and more than usual,
- Been so distracted by things that it seemed impossible to stay focussed

Mood Swing Score: 3, significant. It needs to be clarified if these are more typical of ADHD, bipolar disorder or another cause.

### **Nutrition, sleep, and activity level risk factors and symptoms**

Nutritional risk: Low risk

Weight and appetite problems:

- Their appetite is increased

Sleep symptoms specifically associated with ADHD:

- Resists going to sleep

Energy and activity level symptoms specifically associated with ADHD:

- Hyperactive / increased energy levels
- Rapid changes in energy levels

### **Digital entertainment addiction screening**

Digital entertainment addiction symptoms:

- Your child makes excuses to justify playing longer

# **IVA-2 Detailed Report**

## **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 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 the web. 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. She was also able to validly respond to visual stimuli during the Cool-down phase. Notwithstanding, she was not able to validly respond to visual stimuli during the Warm-up phase. The quotient scores and simple reaction times for these scales are provided in the Standard Scale Analysis. Since she was able to validly respond to both sensory modalities during the Warm-up and/or Cool-

# IVA-2 Standard Scale Analysis

Name: |

Test Date: 03/10/2024 09:52

Age: 11

DOB: 20/08/2013

Sex: F

On Meds: U

Highest Education:

Examiner ID: Unknown

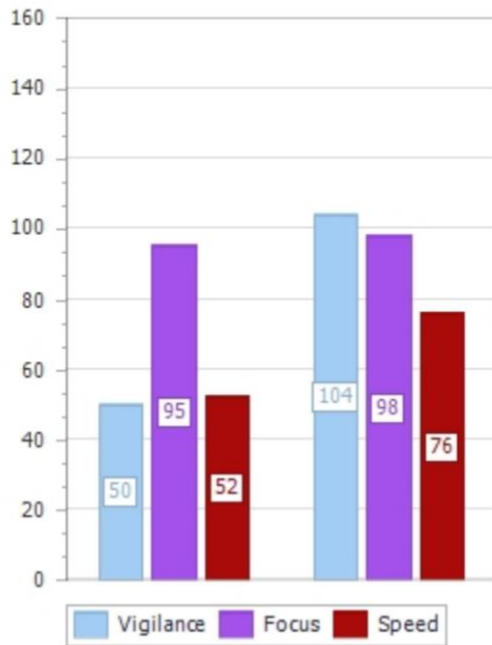
**FS Attention Quotient = 69**

**Auditory**

**Visual**

**AQ = 50**

**AQ = 90**



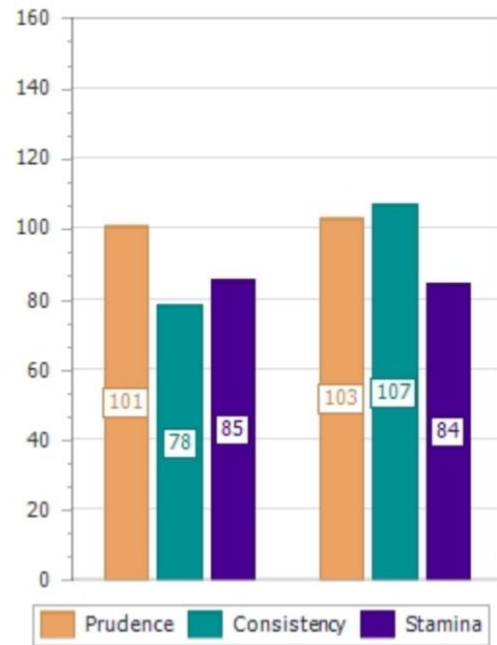
**FS Response Control Quotient = 90**

**Auditory**

**Visual**

**RCQ = 83**

**RCQ = 97**



**Sustained Auditory Attention Quotient = 36**

**Sustained Visual Attention Quotient = 82**

**Auditory Response Validity Check: Valid**

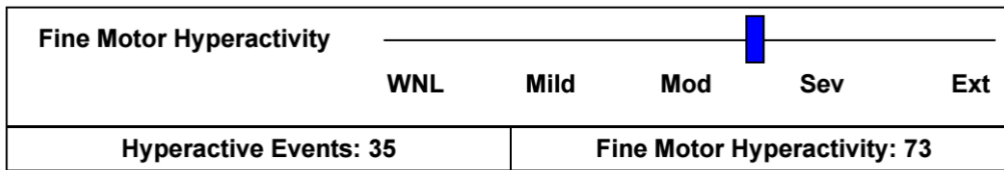
**Visual Response Validity Check: Valid**

**Attention Factor: Positive**

**Impulsive Hyperactivity Factor: Positive**

Auditory		ATTENTION		Visual
Raw	Quotient	Primary Scales	Quotient	Raw
75.6%	50	Vigilance	104	95.6%
70.0%	95	Focus	98	69.7%
940 ms	52	Speed	76	637 ms

Auditory		RESPONSE CONTROL		Visual
Raw	Quotient	Primary Scales	Quotient	Raw
89.3%	101	Prudence	103	90.8%
61.4%	78	Consistency	107	74.0%
86.2%	85	Stamina	84	86.1%



Symptomatic	Raw	Quotient	WNL	Mild	Mod	Sev	Ext
Comprehension (A)	83.8%	50					
Comprehension (V)	91.4%	73					
Persistence (A)	92.3%	100					
Persistence (V)	Invalid	Invalid					
Sensory/Motor (A)	668 ms	23					
Sensory/Motor (V)	330 ms	46					

Test Version IVA-2 2023.3

Device: Web

## IVA-2 Rating Scale Report

This Rating Scale Report was created in order to help the examiner interpret the rating scale scores. The ADHD rating scales by themselves are not to be used in a stand-alone manner in making any diagnosis. The use of this report requires that the rating scales be properly administered and scored under the supervision of a licensed health care professional who is qualified in the administration and interpretation of psychological tests. Their primary purpose is to provide examiners with guidance in the determination of a clinical diagnosis to consider as part of a comprehensive evaluation of clients who present with ADHD-type symptoms.

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 possible suggestions and hypotheses for the examiner to consider, but it is not to be construed as prescriptive, definitive, or diagnostic. Only tentative "working" diagnoses are indicated and are by no means conclusive. Examiners will need to exercise their clinical judgment in determining if the rating scales are fully valid and integrate them with other clinical data in preparing their signed interpretive report. The authors and publisher of this test are not responsible for any inaccuracies or errors that may result from its usage.

This report is solely based on the ADHD rating scales. Interpretive guidance that includes both the IVA-2 test results and ADHD rating scale data is included in the other reports. Consequently, any suggested clinical interpretations made in this report may differ from those in other reports, because they are only based on the ADHD rating scale data.

This individual was identified by the Educator Rating Scales as having a significant number of inattentive and hyperactive/impulsive symptoms that negatively impact functioning. However, the Social Rating Scales did not identify a substantial number of inattentive or hyperactive/impulsive symptoms. Thus, the examiner will need to consider the possible diagnosis of **Attention-Deficit/Hyperactivity Disorder, combined presentation..**

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.

Dr Thomas Dannhauser Ph.D, MRCPsych, MBChB

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### Rating Scale Scores

<b>Rating Scale Type</b>	<b>Inattentive</b>	<b>Hyp/Imp</b>	<b>Score Type</b>	<b>Interpretation</b>
Social 1	4	2	Symptoms	Normal Range
Educator 4	9	9	Symptoms	Severe
Social Average	4	2	Symptoms	Normal Range
Educator Average	9	9	Symptoms	Severe

**Social 1 Inattentive - Mother - Symptom Score: 4**

<b>Question</b>	<b>Answer</b>
1. Does not complete classwork, homework, or chores because they lose focus and get easily distracted.	Seldomly, Infrequently
2. * Has problems staying focused and maintaining attention when necessary.	Often, Usually
3. * Is disorganized and misplaces items needed for homework, schoolwork, or chores.	Often, Usually
4. Does not remember to do activities necessary in life because they forget or "space out."	Seldomly, Infrequently
5. * Does not pay attention to details, and makes careless mistakes in doing classwork, homework, or chores.	Often, Usually
6. Fails to pay attention and listen to what is said when I am speaking to them.	Seldomly, Infrequently
7. Has problems organizing thoughts and thinking through the steps necessary to finish tasks on time.	Seldomly, Infrequently
8. * Shows resistance to or does not like to do classwork, homework, or chores.	Very Often, Almost Always
9. Is easily pulled off-task by unimportant sounds or sights and has difficulty getting back on track.	Seldomly, Infrequently

**Social 1 Hyperactive - Mother - Symptom Score: 2**

<b>Question</b>	<b>Answer</b>
1. Squirms or fidgets when required to sit still for more than a few minutes.	Seldomly, Infrequently
2. Has difficulty staying still and moves around a lot when it is inappropriate.	Seldomly, Infrequently
3. Is restless, constantly moving and difficult to keep under control.	Seldomly, Infrequently
4. * Interrupts conversations before other people have finished speaking.	Very Often, Almost Always
5. * Disturbs others and demands their attention when they are involved in an activity or conversation.	Often, Usually
6. Gets up and moves around even when they know that they are supposed to remain seated.	Seldomly, Infrequently
7. Is unusually loud or noisy with friends in social situations.	Seldomly, Infrequently
8. Talks a lot and will not be quiet when asked.	Never, Very Rarely
9. Gets irritated or acts out when having to wait in lines, games, or other social situations.	Seldomly, Infrequently

\* Significant ADHD Symptom



**Educator 4 Inattentive - Home Room Teacher - Symptom Score: 9**

<b>Question</b>	<b>Answer</b>
1. * Does not complete classwork, homework, or chores because they lose focus and get easily distracted.	Often, Usually
2. * Has problems staying focused and maintaining attention when necessary.	Often, Usually
3. * Is disorganized and misplaces items needed for homework, schoolwork, or chores.	Often, Usually
4. * Does not remember to do activities necessary in life because they forget or "space out."	Often, Usually
5. * Does not pay attention to details, and makes careless mistakes in doing classwork, homework, or chores.	Often, Usually
6. * Fails to pay attention and listen to what is said when I am speaking to them.	Often, Usually
7. * Has problems organizing thoughts and thinking through the steps necessary to finish tasks on time.	Often, Usually
8. * Shows resistance to or does not like to do classwork, homework, or chores.	Very Often, Almost Always
9. * Is easily pulled off-task by unimportant sounds or sights and has difficulty getting back on track.	Often, Usually

**Educator 4 Hyperactive - Home Room Teacher - Symptom Score: 9**

<b>Question</b>	<b>Answer</b>
1. * Squirms or fidgets when required to sit still for more than a few minutes.	Often, Usually
2. * Has difficulty staying still and moves around a lot when it is inappropriate.	Often, Usually
3. * Is restless, constantly moving and difficult to keep under control.	Often, Usually
4. * Interrupts conversations before other people have finished speaking.	Often, Usually
5. * Disturbs others and demands their attention when they are involved in an activity or conversation.	Often, Usually
6. * Gets up and moves around even when they know that they are supposed to remain seated.	Often, Usually
7. * Is unusually loud or noisy with friends in social situations.	Often, Usually
8. * Talks a lot and will not be quiet when asked.	Often, Usually
9. * Gets irritated or acts out when having to wait in lines, games, or other social situations.	Very Often, Almost Always

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