

**Assess performance validity in
youth in just 3-5 minutes with
five stand-alone tests**



PdPVTsTM

Pediatric Performance Validity Test Suite





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Quick Reference

AGE

5–18 years for the four visual tests;
7–18 years for the verbal test

ADMINISTRATION TYPE

Individually-completed,
Clinician administered

ADMINISTRATION TIME

5 tests; 3–5 minutes per test

FORMAT(S)

Downloadable application
for iOS or Windows; online
or offline administration and
scoring

SYSTEM REQUIREMENTS

Touchscreen device that can
lay flat; iOS 9, 10, 11, or 12
Windows@10

QUALIFICATION LEVEL

C-level

KEY FEATURES AND BENEFITS:

- ✧ **Flexible administration;** 5 stand-alone tests that may be used individually or in combination
- ✧ **Quick to complete;** each test takes only 3–5 minutes to administer
- ✧ **Measures performance validity throughout an evaluation**
- ✧ **Digital format** makes it easy to use, portable, and engaging
- ✧ **Large validation samples** including: general population ($N = 838$), simulation ($N = 281$) and clinical ($N = 487$) samples
- ✧ **Age-specific** cut scores
- ✧ No limitations based on reading ability, as **reading is not required** by the youth
- ✧ **Online** and **offline** administration and scoring
- ✧ Annual subscription provides **unlimited-use scoring and reporting** on an **unlimited number of devices**
- ✧ **Culturally neutral items**
- ✧ **Fair across a wide range of demographics** (i.e., age, gender, race/ethnicity, and parental education level)
- ✧ Appropriate for children with **visual, hearing, or motor impairments**





The Pediatric Performance Validity Test Suite™ (PdPVTs™) is a suite of five stand-alone pediatric performance validity tests designed to assess maximum performance across time in both visual and verbal domains. The PdPVTs is delivered in a fully digital format for use on iOS and Windows touchscreen devices.

When to use

How do you determine if a child's performance on cognitive tests is reflective of maximum performance? The PdPVTs helps to answer this question with five digital and engaging performance validity tests (PVTs) simple enough to be completed successfully by even the most severely cognitively impaired individuals.

How it works

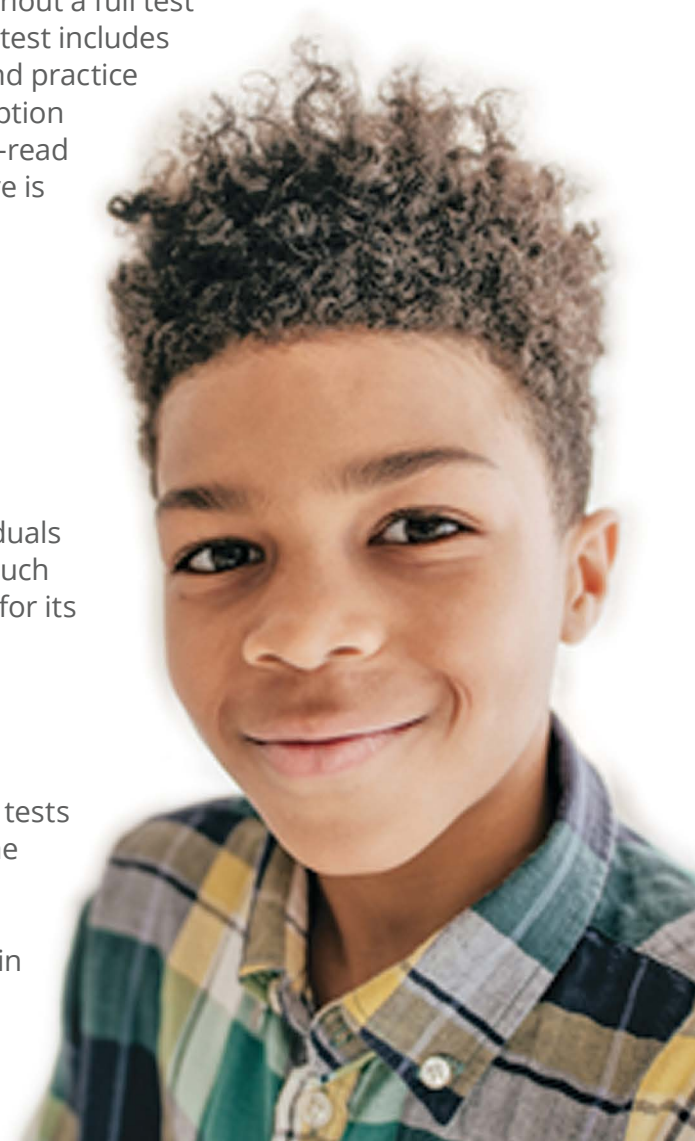
The tests were designed to be inserted at various points throughout a full test battery to assess for maximum performance across time. Each test includes instructions to be read aloud by the examiner, a demo video, and practice items. The youth responds directly on the device, with the exception of the verbal test, where the youth responds aloud to examiner-read items. In less than 5 minutes, you can determine if a child's score is reflective of maximum performance.

Who is it for?

Clinicians with C-level qualifications who administer pediatric neuropsychological/psychoeducational evaluations, whether the evaluation is completed for clinical, educational or forensic purposes. Although the PdPVTs is easy enough for many individuals to administer, a psychologist who recognizes the limitations of such diagnostic procedures must assume the ultimate responsibility for its administration, scoring, and interpretation.

What makes it unique?

The PdPVTs is the first ever digital suite of performance validity tests for youth that will add little time or effort to an evaluation for the significant benefit of knowing if interpretation of test scores is likely to be valid. It also allows for flexible administration as the five stand-alone tests can be individually-administered or used in combination.



Five Stand-Alone Tests

The PdPVTs consists of five stand-alone pediatric performance validity tests across both visual and verbal domains, including: **Visual Scanning and Classification, Visual Recognition, Visual Organization, and Verbal Recognition.** Each test can be used individually or together and only consumes one use.

1. *Visual Scanning and Classification*

Find the Animal: Qualities of a nonverbal classification test and picture scanning test. Examinee identifies the animal from a selection of seven pictures then returns their finger to a home button.

Number of Items: 25

2. *Visual Recognition*

Matching: Examinee selects from a display of three pictures the picture shown on the previous screen.

Number of Items: 25

3. *Visual Recognition*

Shape Learning: Examinee identifies from two pictures the picture that was presented on the previous screen.

Number of Items: 25

4. *Visual Organization*

Silhouettes: Similar to a Gestalt completion test, examinee determines of three solid pictures, which is the completed version of a picture with missing pieces.

Number of Items: 25

5. *Verbal Recognition*

Story Questions: Examinee responds to multiple choice questions about a story read to them by the examiner.

Number of Items:

7-11 Years: 9 two-sentence stories, 2 questions each (18 total)

12-18 Years: 4 short stories, 5 questions each (20 total)

Validation Data

The PdPVTs was validated in a general population sample ($N = 838$) that was demographically representative of the U.S. population with respect to race/ethnicity, parental education level, and U.S. Census region.

Further validation was completed in 281 youth in a series of simulation studies.

Data were also collected from a large clinical sample of youth diagnosed with ADHD ($N = 147$), anxiety-related disorders ($N = 65$), behavior disorders ($N = 65$; including Oppositional Defiant Disorder and Conduct Disorder), depression ($N = 58$), Intellectual Disability ($N = 81$), Language Disorder ($N = 63$), Specific Learning Disability ($N = 78$), mild traumatic brain injuries ($N = 50$), and moderate/severe traumatic brain injuries ($N = 23$).

Sensitivity and Specificity Values Based on PdPVTs Cut Scores: General Population Compared to Simulation Sample

Test	5 years		6 years		7 to 8 years		9 to 11 years		12 to 14 years		15 to 18 years	
	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity
Find the Animal	100.0%	98.0%	96.4%	98.0%	98.1%	99.0%	97.9%	98.8%	100.0%	97.7%	98.1%	100.0%
Matching	100.0%	93.0%	96.0%	96.0%	96.0%	99.0%	100.0%	100.0%	96.0%	100.0%	100.0%	100.0%
Shape Learning	72.7%	93.6%	89.3%	94.7%	89.8%	100.0%	100.0%	97.6%	95.5%	98.9%	95.7%	98.8%
Silhouettes	78.3%	90.1%	80.6%	96.0%	100.0%	98.0%	100.0%	100.0%	95.7%	100.0%	97.8%	100.0%
Story Questions	—	—	—	—	61.7%	96.9%	94.0%	98.8%	88.9%	95.6%	91.3%	96.4%

Scoring


In-Application Results

As soon as a test is completed, results in the form of an obtained score and outcome (i.e., pass/fail) are accessible in the application.

You can “share” a PDF of the results that can be saved or emailed at your convenience.

Generate a Score Report through our MHS Online Assessment Center +

Access the Score Report online through the MHS Online Assessment Center +. Age-specific cut scores are compared to the child's obtained score on each test to determine if the child failed one or more of the PVTs. Base rates for failing a specific test or combination of tests in the general population and clinical samples (including 10 clinical groups), are also provided in the Score Report.



Alex/M9021410

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Summary of PdPVTs Scores

The examinee failed 1 out of 5 PdPVTs tests taken, suggesting that they were not exerting maximum effort during this time. This information should be combined with other assessment results and their motivation for poor performance should be explored.

Test	Find the Animal	Matching	Shape Learning	Silhouettes	Story Questions
Domain	Visual Scanning and Classification	Visual Recognition	Visual Recognition	Visual Organization	Verbal Memory
Age	9	9	9	9	9
Admin Date	Mar-15-2019	Mar-15-2019	Mar-16-2019	Mar-16-2019	Mar-16-2019
Admin Time	9:00 AM	10:00 AM	2:00 PM	3:30 PM	1:00 PM
Obtained Score	23/25	24/25	20/25	21/25	11/18
Outcome	PASS	PASS	PASS	PASS	FAIL

PdPVTs Base Rates

Reference Sample	Base Rates for Failing each Test					Base Rates for Failing a Combination of Tests					
	Find the Animal	Matching	Shape Learning	Silhouettes	Story Questions	0	1	2	3	4	5
General Population	2.2%	2.6%	3.0%	4.1%	4.7%	93.5%	6.5%	0.0%	0.0%	0.0%	0.0%
ADHD	4.1%	2.8%	1.4%	5.5%	0.8%	93.8%	3.1%	2.3%	0.0%	0.8%	0.0%
Anxiety	3.1%	0.0%	1.6%	4.6%	3.3%	93.4%	3.3%	1.6%	1.6%	0.0%	0.0%
Behavior Disorder	3.1%	4.6%	3.1%	4.6%	4.8%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Depression	0.0%	0.0%	0.0%	0.0%	0.0%	90.3%	6.5%	0.0%	1.6%	1.6%	0.0%
Intellectual Disability	10.3%	14.1%	9.0%	14.1%	21.1%	66.7%	18.8%	8.7%	2.9%	2.9%	0.0%
Language Disorder	1.6%	3.2%	3.2%	1.6%	3.9%	88.0%	12.0%	0.0%	0.0%	0.0%	0.0%
Learning Disability	5.1%	4.0%	2.7%	2.6%	1.4%	90.0%	8.6%	0.0%	0.0%	1.4%	0.0%
Mild TBI	6.0%	4.0%	4.0%	8.0%	4.4%	91.1%	2.2%	2.2%	2.2%	0.0%	2.2%
Moderate/Severe TBI	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Note. ADHD = Attention-Deficit/Hyperactivity Disorder; Behavior Disorder - Conduct Disorder, Oppositional Defiant Disorder and TBI = Traumatic Brain Injury

Meet the Author Team



Robert J. McCaffrey, PhD

Dr. McCaffrey specializes in neuropsychological evaluation across the lifespan, he works in private practice at Albany Neuropsychological Associates. He is a diplomate of the American Board of Professional Neuropsychology and the American Board of Pediatric Neuropsychology and is past President of the American Board of Pediatric Neuropsychology and the American Board of Professional Neuropsychology. He is the past Editor-in-Chief of the *Archives of Clinical Neuropsychology* and currently is the Editor-in-Chief of *Developmental Neuropsychology: A Life-Span Developmental Journal*.



Julie K. Lynch, PhD

Dr. Lynch is in independent practice focused on adult neuropsychological evaluations and neuropsychological rehabilitation. In addition to her clinical work, she is an adjunct faculty member at the University of Albany where she teaches graduate courses in clinical neuropsychology. She has co-authored many research articles and several book chapters. She has served as the book review editor for *Archives of Clinical Neuropsychology*, and currently serves on the editorial board of *Developmental Neuropsychology*.



Robert A. Leark, PhD

Dr. Leark has an independent neuropsychological practice. The practice is focused on juvenile justice, criminal and civil law. He was Professor of Forensic Psychology at Alliant International University, San Diego, now emeritus. He is President-Elect of the American Board of Pediatric Neuropsychology. He is diplomate of the American Board of Pediatric Neuropsychology. He has served as Associate Editor of *Applied Neuropsychology - Adults*.



Cecil R. Reynolds, PhD

Dr. Reynolds is an Emeritus Professor in Educational Psychology, Professor of Neuroscience, and Distinguished Research Scholar at Texas A&M University. He is editor-in-chief of the APA open access journal, *Archives of Scientific Psychology*, as well as the *Journal of Pediatric Neuropsychology*, and is former editor-in-chief of *Psychological Assessment*, *Archives of Clinical Neuropsychology*, and *Applied Neuropsychology*, and has served as an associate editor of the *Journal of School Psychology* and the *Journal of Special Education*. He served as president of the National Academy of Neuropsychology, president of three APA divisions, and on the executive committee of the National Association of School Psychologists.



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