

at rates worse than chance. While RDS has advantages as an embedded PVT, its limited ability to predict performance on a standalone PVT suggests interpreting with great caution. These findings highlight the importance of implementing multiple PVTs throughout testing to ensure accurate findings and interpretations, particularly in youth with a HOC. The small sample size is a limitation that possibly impacted the ability of RDS to predict TOMM performance. Further research is needed to understand the utility of RDS as a predictor of PVT performance in different populations. Replication of these findings with a larger sample size is needed to provide confirmatory evidence of poor predictive performance of the RDS.

Categories: Forensic

Neuropsychology/Malingering/Noncredible Presentations

Keyword 1: validity (performance or symptom)

Keyword 2: pediatric neuropsychology

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80 Demographic Factors Affecting Sensitivity Rates of Performance Validity Tests in Spanish-Speaking Forensic Litigants.

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Objective: This retrospective study compared base rates of failure on a series of standalone and embedded performance validity tests (PVTs) in a sample of Spanish-speaking forensic litigants and explored the impact of demographic factors on PVT performance.

Participants and Methods: 62 Spanish-speaking participants involved in litigation (primarily for work-related mTBI) underwent outpatient neuropsychological evaluation. Country of origin spanned South American (56.5%), Caribbean (22.5%), Central American (16.1%), North American (3.2%), and Spanish

(1.6%) regions. Of this sample, 56 completed the Test of Memory Malingering (TOMM), 45 completed the Rey Fifteen Item Test (RFIT), and 49 completed the Dot Counting Test (DCT). Embedded validity measures, Reliable Digit Span (RDS) and the WHO-Auditory Verbal Learning Test (WHO-AVLT) were completed by 32 and 48 participants, respectively.

Results: Effects of age ($M=42.4$, $SD=11.72$) and region of origin did not significantly impact overall performance on any measure. Mean scores across all standalone PVTs were below cutoffs, which have been previously suggested for use with Spanish-speaking populations (TOMM <40, RFIT total <21, DCT e-score >18). Overall base rates of failure were as follows: 52.5% TOMM (T1 $M=37.5$, $SD=10.7$; T2 $M=35.1$, $SD=10.6$), 64.9% RFIT ($M=17.8$, $SD=7.8$) 57.6% DCT ($M=18.3$, $SD=8.8$), 51.1% RDS ($M=6.1$, $SD=1.6$), 29.4% WHO-AVLT ($M=10.7$, $SD=3.9$). Years of education ($M=9.98$, $SD=3.96$) was significantly correlated with RFIT total score ($r(43) = .48$, $p < .01$) and DCT e-score ($r(47) = -.34$, $p < .05$). When stratified by level of education (0-6, 7-11, and 12+), a large discrepancy in base rate of failure was observed on the RFIT, with failures in 92% of participants with less than six years of education, as compared to 52% and 59% failure in those with 7-11 and 12+ years, respectively. Variability in base rates of DCT failure across levels of education, although less extreme than on the RFIT, again demonstrated higher rates of failure in participants with less than six years of education (0-6: 71%, 7-11: 54%, 12+: 52%).

Conclusions: These findings add to the existing literature surrounding measurement of suboptimal effort in Spanish-speaking populations. Base rates of PVT failure on both standalone and embedded measures were generally much higher than those reported in prior studies of forensic or compensation-seeking groups, including some with Spanish speaking participants. These high rates of failure are likely attributable, at least in part, to sample characteristics, due to the high proportion of individuals engaged in litigation associated with workplace injuries on construction sites at the study location. Such findings illustrate the importance of a thorough effort assessment for this population. Finally, results demonstrating reduced specificity of the RFIT in Spanish-speaking participants with less than six years of education, suggesting caution is warranted for its use in neuropsychological evaluations with such individuals.

Categories: Forensic Neuropsychology/Malingering/Noncredible Presentations

Keyword 1: performance validity

Keyword 2: forensic neuropsychology

Keyword 3: effort testing

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81 An Examination of a Multiple Cutoff Performance Validity Index

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Objective: Recent consensus guidelines have advocated for the use of multivariate performance validity assessment on ability-based measures such those used in neuropsychological assessment. Further, previous research has demonstrated that aggregating performance validity indicators may produce superior classification accuracy. The present study builds upon this research by aggregating data from three of the most commonly used performance validity measures (Test of Memory Malingering [TOMM], Rey Fifteen Item Test with recognition trial [FIT plus recognition], and Reliable Digit Span [RDS]) to create a performance validity composite measure in a veteran mild traumatic brain injury (mTBI) population.

Participants and Methods: Data of patients evaluated at a VA hospital who had completed the RDS, FIT plus recognition, and TOMM as part of their clinical neuropsychological evaluation were analyzed ($n = 20$). Two composite performance validity indexes were created: a Single Cutoff Performance Validity Index (SC-PVI), which measures the quantity of failures across performance validity measures (PVMs) by summing the total number of PVM failures, and a Multiple Cutoff Performance Validity Index (MC-PVI) which measures the number of failures as well as degree of failure(s) across measures of performance validity (e.g., a participant would attain a score of 3 if their PVM performance failed to reach a conservative cut point; they would obtain a score of 1 if they met conservative cut point, yet failed to reach a liberal cut point).

Results: Only one participant (5%) attained a score of 0 on the SC-PVI (i.e., passing all PVTs using standard cutoffs) and MC-PVI (i.e., passing the most liberal cut points on all three PVMs). Conversely, eight participants (40%) attained a score of 3 on the SC-PVI (i.e., failed all three PVMs) and four participants (20%) attained a score of 9 (i.e., failed the most conservative cut points on all three PVMs). Results showed a significant ($p < .001$) ordinal association between the two indices ($G = .984$); however, there was no significant agreement between SC-PVI and MC-PVI models ($\kappa = -.087$; $p = .127$).

Conclusions: Data revealed discordant findings between the three PVMs utilized. The majority of participants (75%) scored between 2-8 on the MC-PVI, meaning that they did not exceed all liberal cut points or fail all conservative cut points. These “grey area” scores suggest an indeterminate range of performance validity, which cannot be captured by a solitary cut point or neatly classified as pass or fail. The utility of multiple cutoff performance validity models (i.e., aggregating PVMs to consider the severity of failure and number of failures) is that they capture the nuance of these data when determining and discussing the credibility of a profile. Multiple cut point data also highlight how the choice of cutoff influences the outcome of performance validity research and clinical decision making. As such, future research on the classification accuracy of this MC-PVI is needed.

Categories: Forensic Neuropsychology/Malingering/Noncredible Presentations

Keyword 1: performance validity

Keyword 2: concussion/ mild traumatic brain injury

Keyword 3: head injury (closed)

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82 Single Errors on Trial 1 of the Test of Memory Malingering may be Indicative of Invalid Performance on Neuropsychological Measures in a Sample of Youth Athletes