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**Objective:** The Dunning-Krueger effect is a cognitive bias where individuals tend to overestimate their abilities in areas where they are less competent. The Cordoba Naming Test (CNT) is a 30-item confrontation naming task. Hardy and Wright (2018) conditionally validated a measure of perceived mental workload called the NASA Task Load Index (NASA-TLX). Researchers reported that workload ratings on the NASA-TLX increased with increased task demands on a cognitive task. Anxiety is known as an emotion that can make an individual more susceptible to develop a mental health condition. We examine if the Dunning-Krueger effect occurs in a Mexican population with and without current symptoms of anxiety and possible factors driving individuals to overestimate their abilities on the CNT. We predicted the abnormal symptoms of anxiety (ASA) group would report better CNT performance, report higher perceived workloads on the CNT, and underperform on the CNT compared to the normal symptoms of anxiety (NSA) group. We also predicted the low-performance group would report better CNT performance, report higher perceived workloads on the CNT, and underperform on the CNT compared to the high-performance group.

**Participants and Methods:** The sample consisted of 192 Mexican participants with NSA (79 low-performance & 113 high-performance) and 74 Mexican participants with ASA (44 low-performance & 30 high-performance). Participants completed the CNT, NASA-TLX, and the Hospital Anxiety and Depression Scale (HADS) in Spanish. The NASA-TLX was used to evaluate perceived workloads after the completion of the CNT. Meanwhile, the HADS was used to create our anxiety groups. Finally, CNT raw scores were converted into T-scores,

which then were averaged to create the following two groups: low-performance (CNT T-Score <50) and high-performance (CNT T-Score 50+). A series of 2x2 ANCOVAs, controlling for gender were used to evaluate CNT performance and perceived workloads.

**Results:** We found a significant interaction where the low-performance ASA and the high-performance NSA groups demonstrated better CNT performance and reported higher perceived workloads (i.e., performance, temporal demand) on the CNT compared to their respective counterparts (i.e., low-performance NSA & high-performance ASA groups),  $p's < .05$ ,  $\eta p's^2 = .02$ . We found a main effect where the high-performance group outperformed the low-performance group on the CNT and reported lower perceived workloads on the CNT,  $p's < .05$ ,  $\eta p's^2 = .04-.46$ .

**Conclusions:** The Dunning-Krueger effect did not occur in our sample. Participants that demonstrated better CNT performance also reported higher perceived workloads regardless of their current symptoms of anxiety. A possible explanation can be our sample's cultural norms of what would be considered as abnormal symptoms of anxiety, is a normal part of life, decreasing the possibilities to experience self-efficacy distortions. Future studies should investigate whether the Dunning-Krueger effect may be influencing other aspects of cognitive functioning subjectively in Mexicans residing in Mexico and the United States with and without current symptoms of anxiety.

**Categories:** Mood & Anxiety Disorders

**Keyword 1:** anxiety

**Keyword 2:** naming

**Keyword 3:** mood disorders

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## 57 Association Between Adverse Childhood Experiences on Depression and Anxiety in Adulthood: Examining the Role of Cognitive Flexibility

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**Objective:** The association between adverse childhood experiences (ACEs) and adult depression and anxiety has been well described (Aafjes-van Doorn et al., 2020; Dolbier et al., 2021; Herzog & Schmahl, 2018). However, cognitive flexibility, as a potential moderating factor of this relationship, has been underreported (Kalia et al., 2021). We hypothesize that increased ACEs will be associated with increased symptoms of depression and anxiety, and cognitive flexibility will exert a moderating role in this relationship.

**Participants and Methods:** Participants from the Evelyn F. McKnight University of Miami Frailty Registry were included in the study. 224 adults ( $M_{\text{age}} = 66.30$ ,  $SD = 11.63$ ; 59.4% female; 62.1% Hispanic/Latinx) without primary neurological disorders were recruited from University of Miami clinics and community centers. Participants completed a demographic questionnaire and neuropsychological evaluation including the Adverse Childhood Experiences inventory, Beck Depression Inventory, Beck Anxiety Inventory, and the Wisconsin Card Sorting Test (WCST). Current data were initially analyzed using descriptive statistics and correlations among variables. A series of hierarchical multiple linear regressions (HLR) were conducted to examine the effect that age has on cognitive flexibility (measured by number of perseverative errors on the WCST), as well as the association between number of ACEs endorsed on symptoms of depression and anxiety in late life.

**Results:** Correlation analyses revealed a negative correlation between total ACE score and cognitive flexibility ( $r = -.16$ ,  $p = 0.03$ ); a positive correlation between age and cognitive flexibility ( $r = 0.19$ ,  $p = 0.01$ ); and positive relationships between ACE score and both BDI ( $r = 0.35$ ,  $p < 0.001$ ) and BAI ( $r = 0.28$ ,  $p < 0.001$ ) scores. Correlations further revealed a negative correlation between cognitive flexibility and both BDI ( $r = -0.18$ ,  $p = 0.014$ ) and BAI ( $r = -0.14$ ,  $p = 0.048$ ) scores. A series of hierarchical multiple linear regressions revealed that total number of ACEs had a statistically significant effect on both depression ( $f = 7.24$ ,  $p < .001$ ,  $\Delta R^2 = 0.072$ ) and anxiety ( $f = 4.57$ ,  $p < .001$ ,  $\Delta R^2 = 0.044$ ) symptoms, in models adjusted for demographic correlates

(i.e., age, sex, race, ethnicity). While the overall moderation model examining the effect of cognitive flexibility on the relationship between ACEs and psychopathology was significant ( $f = 6.04$ ,  $p < .001$ ,  $\Delta R^2 = 0.191$ ), the interaction was not significant ( $p = .4199$ ). However, HLRs further revealed a statistically significant effect of age on cognitive flexibility ( $f = 6.77$ ,  $p = 0.01$ ,  $\Delta R^2 = 0.034$ ).

**Conclusions:** Current findings support past research showing higher number of ACEs are associated with more symptoms of depression and anxiety in later life. However, cognitive flexibility did not moderate the relationship between ACEs and symptoms of depression and anxiety. This suggests cognitive flexibility might not play a significant role in the association between childhood trauma and symptoms of depression and anxiety in later life. Alternatively present results could be attributed to a small sample size, or the specific measure of cognitive flexibility used. This study expands on prior research highlighting the role of cognitive flexibility on age, with age serving as a prominent feature in the association between ACEs and adult depression and anxiety. Further research examining the role of cognitive flexibility in younger and middle years and its association with ACEs and psychopathology may provide unique insights on how to intervene earlier in the life course before cognitive flexibility begins to decline.

**Categories:** Mood & Anxiety Disorders

**Keyword 1:** cognitive functioning

**Keyword 2:** mood disorders

**Keyword 3:** aging (normal)

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## 58 Examining the Link Between Self-Reported Anxiety and Aggressive Behaviors

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