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## 75 Can the Children's Communication Checklist Differentiate Between Children with High Functioning Autism, ADHD, and Academically-Based Learning Disabilities?

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**Objective:** The Children's Communication Checklist-Second Edition (CCC-2) is a rating scale designed to assess domains of communication skills with emphasis on pragmatics (Bishop, 2006). The CCC comprises 10 subtests addressing various aspects of oral communication skills: Speech, Syntax, Semantics, Coherence, Initiation, Scripted Language, Context, Nonverbal Communication, Social Relations, and Interests. In a study conducted on the original CCC, Geurts et al. (2004) found that when compared to normal controls, pragmatic difficulties occurred in children with either high functioning autism (HFA) or ADHD. Since the initial version of the CCC, no study has examined whether the revised version can differentiate children with HFA, ADHD, and LD, the purpose of the present study. Focus was on derived factors of the structure/content of language and the pragmatics of language.
**Participants and Methods:** Forty-one participants grouped according to diagnosis were drawn from two archival data pools, one adapted from a previous study conducted by Casey and Scott (2016) and the other from a set of anonymized patients from a neuropsychological clinic. Fourteen participants met clinical criteria for autism ($M_{age}$ = 11.95), 12 participants met criteria for ADHD without co-morbid disorders ($M_{age}$ = 9.5), and 15 participants met criteria for a learning disability involving reading, writing, math, or some combination ($M_{age}$ = 10.13). Group-specific descriptive statistics were computed for the participants' age, full scale intelligence quotient (IQ), and General Communication Composite (GCC). Two factor scores were computed, one composed of the subtests that constitute the structure/content aspects of language (Speech, Syntax, Semantics, and Coherence) and one composed of the pragmatic aspects of language (Initiation, Nonverbal Communication, Social Relations, and Interests), an area of particular weakness in HFA. Independent samples ANOVAs were conducted on both factor scores to determine whether the CCC-2 could differentiate the three groups. Post-hoc comparisons were planned for the subtests comprising the factor(s) that differentiated the groups.
**Results:** Participants in the ADHD ($M$ = 9.45, $SD$ = 2.45) group were significantly younger than those in the HFA group ($M$ = 11.95, $SD$ = 2.24) and LD group ($M$ = 10.13, $SD$ = 2.58), the latter two not differing significantly. The groups did not differ significantly on IQ, nor on the structure/content factor. On the pragmatic factor, the LD group ($M$ = 10.18, $SD$ = 9.91) had significantly higher scores than the ADHD group ($M$ = 7.79, $SD$ = 6.54), which in turn, had significantly higher scores than the HFA group ($M$ = 5.48, $SD$ = 8.26), $F(2, 38)$ = 17.81, $p$ < .01. Within this composite, the same pattern was shown on Nonverbal Communication, $F(2, 38)$ = 9.29, $p$ < .01, and Interests, $F(2, 38)$ = 17.81, $p$ < .01.
**Conclusions:** Compared to children with an academically-based learning disability, children with ADHD and HFA demonstrated pragmatic difficulties on the CCC-2. Although there was overlap between the pragmatic language characteristics of children with ADHD and children with HFA, the CCC-2 demonstrated utility in distinguishing the two disorders on certain aspects of communication skills, suggesting that it is a useful tool in differential diagnosis.

**Categories:**
Assessment/Psychometrics/Methods (Child)
**Keyword 1:** test reliability
**Keyword 2:** speech
**Keyword 3:** neuropsychological assessment
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## 76 Cross-Cultural Utility of Performance Validity Indicators in a Community Sample from Kampala, Uganda

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**Objective:** Empirical support for inclusion of performance validity testing (PVTs) in neuropsychological assessment continues to grow (Sweet et al., 2021). However, considerable validation is still needed to understand the impact of culturally mediated factors on the reliability of current, commonly used PVTs to accurately classify effort among various cultural groups. This study sought to contribute to the literature by examining the utility of several PVTs in a non-clinical, community-dwelling sample in Kampala, Uganda.

**Participants and Methods:** Participants included 52 residents (25 Female, 27 Male) who were born between 1953-2003 from the Wabigalo community of central Kampala. Individuals were recruited by community leaders and volunteered to participate. All 52 participants were administered the Dot Counting Test (DCT; Boone et al., 2002), Test of Memory Malingering (TOMM; Tombaugh, 1997), and Rey 15-Item Memorization Test (Rey 15; Lezak, 1995). Twenty-five participants also completed Green's Non-Verbal Medical Symptom Validity Test (NV-MSVT; Green, 2006). Data from three participants was excluded due to suspected memory concerns. Instructions for all tests were translated into Luganda by a professional translator with experience in Luganda and were administered by Luganda-speaking individuals.

**Results:** Using test manual-derived cut scores, 71.4% ($n$ = 35) participants scored in the invalid range on the DCT, 10.2% ($n$ = 5) produced total combined scores in the invalid range on Rey 15, 6.1% ($n$ = 3) failed TOMM Trial 2, and one participant (4.3%) exceeded cut-offs on Green's NV-MSVT.

**Conclusions:** In this non-clinical sample, manual cutoffs for DCT contributed to a high type-1 error rate. These findings suggest that culturally mediated factors may contribute to differences in engagement or performance on DCT. Future studies should explore these factors and continue to examine the utility of widely used tests in diverse samples.

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## 77 The Shell Game Task: Pilot Data Using a Simulator-Design Study to Evaluate a Novel Attentional Performance Validity Test

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**Objective:** We developed the Shell Game Task (SGT) as a novel Performance Validity Test (PVT). While most PVTs use a forced-choice paradigm with "memory" as the primary domain being assessed, the SGT is a face-valid measure of attention and working memory. We explored the accuracy of the SGT to detect noncredible performance using a simulator-design study.

**Participants and Methods:** Ninety-four university students were randomly assigned to either best effort (CON) (n=49) or simulating traumatic brain injury (TBI) (SIM) (n=45) conditions. Participants completed a full battery of neuropsychological tests to simulate an actual evaluation, including the Test of Memory Malingering (TOMM) and the SGT. The SGT involves three cups and a red ball shown on the screen. Participants watch as the ball is placed under one of the three cups. Cups are then shuffled. Participants are asked to track the cup that contains the ball and correctly identify its location. We created two difficulty levels (easy vs hard, 20 trials each) by changing the number of times the cups were shuffled. Participants were given feedback (correct vs incorrect) after each trial. At the conclusion of the study, participants were asked about adherence to study directions they were given.

**Results:** Participants with missing data (CON=1; SIM=2) or who reported non-adherence to study directions (CON=2; SIM=1) were removed from analyses. Twenty-five percent in SIM and 0% in CON failed TOMM