

differentiate MCI (6.94[3.13]) from either CI or MNCD.

Conclusions: Our findings suggest that the MOCA has limitations in accurately classifying memory deficits in older adults. First, our study suggests that the MOCA-MEM reflects *encoding* rather than memory *storage*. Given that deficiency in encoding may be secondary to other cognitive deficits, such as attention and executive dysfunction, performance on MOCA-MEM cannot readily delineate the presence of an amnesic process. Second, the findings show that MOCA-MEM does not differentiate between patient groups with intact cognition versus MCI, nor those with MCI versus MNCD. These findings argue the importance of neuropsychological evaluation in deciphering patterns of memory performance and the presence of an amnesic process.

Categories:

Assessment/Psychometrics/Methods (Adult)

Keyword 1: mild cognitive impairment

Keyword 2: cognitive screening

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8 Detection of Feigned ADHD through an Experimental MMPI-2 ADHD Validity Scale among U.S. Military Veterans

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Objective: The prevalence of ADHD diagnoses more than doubled in VA settings between 2009 and 2016 (Hale et al., 2020). However, attentional difficulties are not exclusive to ADHD and can also be seen in non-neurodevelopmental disorders, including depression, anxiety, substance use, and PTSD (Marshall et al., 2018, Suhr et al., 2008). Further, patients can easily feign symptoms of ADHD with few available instruments for accurate detection (Robinson & Rogers, 2018). Given the significant symptom overlap and rising rates of reported ADHD among Veterans, accurate detection of feigned ADHD is essential.

This study examined the utility of the experimental Dissimulation ADHD scale (Ds-ADHD; Robinson & Rogers, 2018) on the MMPI-2, in detecting feigned ADHD presentation within a mixed sample of Veterans.

Participants and Methods: In this retrospective study, 173 Veterans (Mage = 36.18, SDage = 11.10, Medu = 14.01, SDedu = 2.11, 88% male, 81% White, and 17% Black) were referred for neuropsychological evaluation of ADHD that included the MMPI-2 and up to 10 PVTs. Participants were assigned to a credible group (n=146) if they passed all PVTs or a non-credible group (n=27) if they failed two or more PVTs. Group assignment was also clinically confirmed. The Ds-ADHD was used to differentiate groups who either had credible or non-credible performance on cognitive measures. Consistent with Robinson and Rogers' study, "true" answers (i.e., erroneous stereotypes) were coded as 1 and "false" answers were coded as 2, creating a 10- to 20-point scale. Lower scores were associated with a higher likelihood of a feigned ADHD presentation.

Results: Preliminary analyses revealed no significant group differences in age, education, race, or gender ($p > .05$). An ANOVA indicated a significant difference between groups ($F[1, 171] = 10.44, p = .001$; Cohen's $d = .68$) for Ds-ADHD raw scores; Veterans in the non-credible group reported more "erroneous stereotypes" of ADHD (M raw score = 13.33, SD = 2.20) than those in the credible group (M = 14.82, SD = 2.20). A ROC analysis indicated AUC of .691 (95% CI = .58 to .80). In addition, a cut score of <12 resulted in specificity of 91.8% and sensitivity of 18.5%, whereas a cut score of <13 resulted in specificity of 83.6% and sensitivity of 44.4%.

Conclusions: The Ds-ADHD scale demonstrated significant differences between credible and non-credible respondents in a real-world setting. Previously, this scale has primarily been studied within laboratory settings. Further, results indicate a cut score of <12 could be used in order to achieve adequate specificity (i.e., >90%), which were similar findings to a study examining SVT-based groups (Winiarski et al., 2023). These results differ slightly from prior research by Robinson and Rogers (2018), who indicated a cut score of <13 based on the initial simulation-based study. In similar clinical settings, where there are high rates of psychiatric comorbidity, a cut score of <12 may prove clinically useful. However, this cut-score

was associated with low sensitivity within this mixed Veteran sample. Further research should focus on replicating findings within other clinical settings, including ones with larger non-credible samples.

Categories:

Assessment/Psychometrics/Methods (Adult)

Keyword 1: performance validity

Keyword 2: attention deficit hyperactivity disorder

Keyword 3: symptom validity

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9 Four-Year Practice Effects on the RBANS in a Longitudinal Study of Older Adults

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Objective: The Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) is one of the most widely used measures in neuropsychological assessment. Studies of practice effects on the RBANS have largely been limited to studies assessing one or two repeated assessments. The aim of the current study is to examine practice effects across four years after baseline in a longitudinal study of cognitively healthy older adults. Practice effects were estimated using a pseudo-replacement participants approach which has been previously applied in other aging studies.

Participants and Methods: 453 Participants from the Louisiana Aging Brain Study (LABrainS) completed the RBANS Form A on up to four annual assessments after a baseline evaluation. Practice effects were calculated using a modified participants-replacement method where scores of individuals who were administered RBANS Form A multiple times are

compared to the baseline scores of matched participants with additional adjustment for attrition effects.

Results: Practice effects were observed primarily in the immediate memory, delayed memory, and total score indices. For example, an increase of nearly half a standard deviation was observed for delayed memory.

Conclusions: These findings extend past work on the RBANS and other neuropsychological batteries more broadly in showing the susceptibility of memory measures to practice effects. Given that memory and total score indices of the RBANS have the most robust relationships with diagnostic status and biomarkers for pathological cognitive decline, these findings raise concerns about the ability to recruit those at risk for decline from longitudinal studies using the same form of the RBANS for multiple years.

Categories:

Assessment/Psychometrics/Methods (Adult)

Keyword 1: assessment

Keyword 2: aging (normal)

Keyword 3: psychometrics

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10 The Impact of Performance and Symptom Invalidity on Relationships Between Subjective and Objective Cognitive Functioning

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Objective: Inconsistent relationships between subjective and objective performance have been found across various clinical groups.

Discrepancies in these relationships across studies have been attributed to various factors such as patient characteristics (e.g., level of insight associated with cognitive impairment) and test characteristics (e.g., using too few measures to assess different cognitive domains). Although performance and symptom invalidity are common in clinical and research settings and have the potential to impact responding on testing, previous studies have not explored the role of performance and symptom invalidity on relationships between objective and