

did not meet passing criteria on two or more embedded or independent performance validity tests. This signifies a much higher rate than the typically observed base rates (~15%) of test-taking invalidity across non-forensic clinical settings.

**Conclusions:** Preliminary findings suggest that those who indicate having cognitive problems in all (or nearly all) listed domains fail validity measures at a higher than expected rate, supporting the use of responses on a background form to indicate likely poor performance validity. Identification of high rates of symptomatic complaints, particularly symptoms that may extend beyond the initial referral question, should prompt practitioners to keenly evaluate performance validity and consider the results within the context of the patient's presentation.

**Categories:**

Assessment/Psychometrics/Methods (Adult)

**Keyword 1:** validity (performance or symptom)

**Keyword 2:** assessment

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## 55 Psychometric Properties of the Verbal Series Attention Test: Preliminary Findings

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**Objective:** To investigate the latent factor structure and construct validity of the Verbal Series Attention Test (VSAT) across clinical patient populations.

**Participants and Methods:** Participants included a consecutive series of clinical patients presenting with a primary memory complaint. Each patient underwent a comprehensive neuropsychological assessment and provided informed consent to allow their clinical data to be used for research. Groups formed included 1) No Neurocognitive Disorder [NoND, N=262, mean age=68.8, mean education=16.2, mean MMSE=28.3], 2) Mild Neurocognitive Disorder [MildND, N=337, mean age=72.3, mean education=15.4, mean MMSE=28.7], and 3)

Major Neurocognitive Disorder [MajorND, N=524, mean age=76.5, mean education=14.5, mean MMSE=19.0] with etiologies including suspected Alzheimer's disease and/or vascular pathology. Latent factors were investigated using exploratory factor analysis (EFA).

**Results:** EFA was conducted using SAS 9.4 software and the promax (oblique) rotation to reveal the latent factors of the eight timed items of the VSAT in each of the three clinical groups. The structure was essentially identical in all three groups with two primary factors consistently emerging identified as 1-Complex Attention and 2-Simple Attention. Each factor had four items loading with a correlation range of  $\geq 0.37$  x  $\leq 0.92$ . The internal consistency (Cronbach's alpha) for the VSAT total score in each group was excellent (NoND  $\alpha=0.83$ , MildND  $\alpha=0.81$ , and MajorND  $\alpha=0.84$ ). To investigate construct validity, the VSAT items were entered into factor analysis with measures of attention and executive function (i.e., Digit Span [forward, backward, sequence], Trail Making Test A & B, semantic fluency (animals), Controlled Oral Word Association Test [COWAT, FAS]). All three patient groups were combined (N=950) given the VSAT's consistent factor structure. Using the same EFA procedure as before, two main factors emerged with the VSAT Complex Attention variables loading on a general complex attention/working memory factor including Trails B, semantic fluency, and Digit Span subtests. The VSAT Simple Attention items loaded on a general attention factor with the VSAT Simple Attention variables and Trails A. COWAT did not load significantly on either factor.

**Conclusions:** The latent factor structure of the VSAT was consistent across patient populations with excellent internal consistency in each clinical group. The Complex and Simple Attention factors of the VSAT loaded on factors with similar variables identifying the anticipated latent factor structure demonstrating the construct validity of the VSAT across a wide spectrum of cognitive impairment in patients with primary memory complaints ranging from NoND to MajorND. This supports the use of the VSAT in patients across neurocognitive severity. Future studies will further explore additional psychometric properties of this instrument.

**Categories:**

Assessment/Psychometrics/Methods (Adult)

**Keyword 1:** attention

**Keyword 2:** dementia - Alzheimer's disease

**Keyword 3:** mild cognitive impairment

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### 56 Classification Accuracy of Informant-Report on the Dementia Severity Rating Scale (DSRS) for Identifying Examinee-Generated Performance and Symptom Invalidity

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**Objective:** Assessment of response validity is essential to neuropsychological assessment. Although informant report of examinee functioning has previously been associated with examinee-generated performance and cognitive symptom invalidity (PVT; SVT-C), empirically-derived guidelines for interpreting informant-report validity are lacking. This study sought to assess the classification accuracy of a widely used informant-report measure, the Dementia Severity Rating Scale (DSRS), for discriminating examinee-generated PVT and SVT-C.

**Participants and Methods:** Data were collected from 145 examinee-informant dyads who completed neuropsychological batteries as part of a routine workup in an epilepsy monitoring unit. PVT status was determined by below-threshold performances on  $\geq 2$  indicators (Test of Memory Malingering, Wechsler Digit Span Age Corrected Scaled Score, Word Memory Test). SVT-C status was determined by above-threshold responses on both the Minnesota Multiphasic Personality Inventory-2-Restructured Form Response Bias Scale (MMPI-2-RF RBS) and Structured Inventory of Malingered Symptomatology Amnesic Disorders subscale (SIMS-AM). After assessing demographic and relational covariance via t-test and chi square analyses, receiver operator characteristic curves were derived to assess the classification accuracy of the DSRS for discriminating examinee PVT and SVT-C status.

**Results:** DSRS total score demonstrated acceptable accuracy in classifying PVT status (AUC = .77), with cut scores of  $\geq 21$  and  $\geq 15$  yielding .93-.82 specificity and .44-.63

sensitivity. The DSRS also classified SVT-C status with acceptable accuracy (AUC = .71), with the aforementioned cut scores exhibiting .90-.78 specificity and .50-.64 sensitivity. The DSRS also classified SVT-C status using only one indicator (i.e., MMPI-2-RF RBS or SIMS-AM) with acceptable accuracy (AUC = .71-.72), with the aforementioned cut scores exhibiting .92 specificity and .37-.42 sensitivity.

**Conclusions:** The DSRS can be used to classify examinee-generated PVT and SVT-C on an epilepsy monitoring unit. Results provide empirically-derived psychometric guidelines for interpreting informant-report response validity that are clinically useful and lay the groundwork for future investigations of informant-report response validity.

#### Categories:

Assessment/Psychometrics/Methods (Adult)

**Keyword 1:** performance validity

**Keyword 2:** symptom validity

**Keyword 3:** neuropsychological assessment

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### 57 Validation of a List Learning Task for Monolingual Spanish Speaking Older Adults

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**Objective:** The prevalence of dementia is higher among minoritized Hispanic/Latino populations in the U.S. Development of linguistically relevant and validated cognitive assessments are urgently needed to adequately address the care needs of this at-risk group. List learning tasks are widely used to evaluate verbal episodic memory and are consistently shown to be sensitive to memory deficits across various