

Limitations of this study include its retrospective use of archival data and the restricted range on some variables of interest. Further research is needed to examine the relative utility of different measures of dispersion and why increased cognitive performance variability is related to neurocognitive impairment and decline.

**Categories:**

Assessment/Psychometrics/Methods (Adult)

**Keyword 1:** neuropsychological assessment

**Keyword 2:** aging disorders

**Keyword 3:** memory disorders

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### 35 Pairwise Concurrence Rates Between Standalone and Embedded Performance Validity Tests

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**Objective:** Determine the classification concordance between a standalone performance validity test (PVT) and embedded PVTs from multiple cognitive domains.

**Participants and Methods:** Participants were 106 patients (49.1% female; 69% white) that underwent neuropsychological evaluation at an outpatient university doctoral clinical psychology training and research clinic (*M/SD*: age = 32.38/11.95; education = 13.7/2.75). A comprehensive neuropsychological battery included the Medical Symptom Validity Test (MSVT) and embedded PVTs from different cognitive domains: attention - Wechsler Adult Intelligence Scale – Fourth Edition Reliable Digit Span and Digit Span age-corrected scaled score (DS ACSS); memory - California Verbal Learning Test, 3rd Edition (CVLT-3) Forced-Choice Recognition (FCR), executive functions - Wisconsin Card Sorting Test (WCST) Failure to Maintain Set (FMS); visual-spatial/construction - Rey Complex Figure Test (RCFT) Copy raw score; language - Boston Diagnostic Aphasia Examination Complex Ideation Material (CIM); and motor functions - Finger Tapping Test (FTT). All participants were administered the MSVT but not all participants were administered all seven embedded PVTs. Credible/noncredible classification concordance rates and kappa correlations (i.e., percentage of agreement)

were computed for each pairwise PVT combination.

**Results:** Twenty-two percent ( $n = 23$ ) of the sample failed at least one PVT, with 17.0% ( $n = 18$ ) failing at least two. DS ACSS was the embedded PVT with the highest MSVT concordance rate at 92.4% and a fair kappa coefficient of .39; WCST FMS had the lowest concordance with MSVT at 82.9% and a slight kappa coefficient of .19. The highest concordance among embedded PVTs from different cognitive domains was CVLT-3 FCR and RCFT Copy raw score at 89.7% with a fair kappa coefficient of .35; the lowest agreement among embedded PVTs was WCST FMS and FTT at 74.0% with a kappa coefficient of -.02. More conservative kappa coefficients among all pair-wise embedded PVT combinations from different cognitive domains ranged from -.02 to .36. For all standalone and embedded PVT pairwise concordance rates, only two fell below the recommended minimum agreement of 80%: FCR vs. FMS = 79.3% and FMS vs. FTT = 74.0%.

**Conclusions:** Embedded PVTs across various cognitive domains have high agreement with a standalone PVT to aid in classifying noncredible performance, in the 83-92% range. Embedded PVTs from different cognitive domains also have mostly high agreement classification rates amongst themselves in aiding to determine noncredible performance, in the 74-90% range, with the lowest agreement rate between executive function and motor tests at 74%. More conservative kappa-based agreements between PVT pair-wise combinations were fairly consistent with other studies, with most being in the fair range. Finally, these findings indicate about a 17% base rate of noncredible cognitive performance in an outpatient university-based clinic.

**Categories:**

Assessment/Psychometrics/Methods (Adult)

**Keyword 1:** performance validity

**Keyword 2:** assessment

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### 36 Dispersion vs. inconsistency: Investigating the relationship between different forms of intra-individual