

greatest subscale differences were with Mental Demand ( $p < .001$ ,  $h2 = .68$ ) and Effort ( $p < .001$ ,  $h2 = .59$ ), but Physical Demand also showed a difference ( $p < .007$ ,  $h2 = .33$ ). Temporal Demand showed the smallest and nonsignificant difference ( $p = .081$ ,  $h2 = .152$ ).  
**Conclusions:** Based on previous research in our lab, most results were expected and understandable. As we know with the TMT, Part B is more cognitively demanding (in various ways) than Part A. The greater Physical Demand with Part B is a somewhat more complex finding, needing a solid explanation. Finally, the NASA-TLX appears to be a valid instrument of workload with a standard neuropsychologist test. We argue it can provide useful interesting information in the assessment of cognitive status in clinical populations.

**Categories:**

Assessment/Psychometrics/Methods (Adult)

**Keyword 1:** effort testing

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## 12 The Effect of Adverse Childhood Experiences on Minnesota Multiphasic Personality Inventory-2-Restructured Form Symptom Reporting Among Adult Neuropsychological Referrals

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**Objective:** Adverse childhood experiences (ACEs) is a broad construct that refers to negative events one may experience during childhood, including, but not limited to, childhood maltreatment, household dysfunction, and trauma. ACEs have consistently shown to be associated with negative physical and mental health outcomes. Although researchers have investigated the effects of trauma and abuse on personality measures, few studies have examined differences between those with high ACEs, low ACEs, and no ACEs on measures of personality in the context of neuropsychological evaluations.

**Participants and Methods:** The current study included 128 consecutive adult patients referred for outpatient neuropsychological evaluation of

attention-deficit/hyperactivity disorder. The sample was 39.8% non-Hispanic White, 21.9% non-Hispanic Black, 16.4% Hispanic, 10.9% Asian/Pacific Islander, and 10.9% other race/ethnicity, with a mean age of 27.9 years ( $SD=6.3$ ) and mean education of 16.1 years ( $SD=2.2$ ). Multivariate analyses of variance were performed to evaluate differences on the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) between individuals who experienced high levels of ACEs ( $>4/10$  on the Adverse Childhood Experiences Questionnaire), low levels of ACEs ( $1-3/10$ ), and no ACEs ( $0/10$ ).

**Results:** When analyzing Higher-Order (H-O) scales, there was a significant group difference in mean elevation on the Behavioral/Externalizing Dysfunction (BXD) scale,  $F(2,113)=3.124$ ,  $p < .05$ , such that individuals in the high ACEs group evidenced higher scores than those in the low ACEs group ( $p < .05$ ). Additionally, there were significant differences on several Restructured Clinical (RC) scales. Specifically, there were group differences on the Low Positive Emotions (RC2) scale,  $F(2,113)=3.427$ ,  $p < .05$ , such that those in the low ACEs group evidenced higher scores than those in the no ACEs group ( $p < .05$ ). The Antisocial Behavior (RC4) scale also had significant differences,  $F(2,113)=13.703$ ,  $p < .001$ , such that those in the high ACEs group had higher scores than those in the low and no ACEs groups ( $p < .001$ ). Finally, the Ideas of Persecution (RC6) scale yielded significant group differences,  $F(2,113)=4.793$ ,  $p < .05$ , such that those in the high ACEs group evidenced higher scores than those in the low and no ACEs groups ( $p < .05$ ).

**Conclusions:** In sum, this study demonstrated that ACEs, particularly high levels of ACEs, are related to higher difficulties with problems with under-controlled and rule-breaking behaviors, low positive emotional responses, and beliefs that others pose a threat. As such, assessment of ACEs may serve an important role in characterizing patients' psychological status as part of a comprehensive neuropsychological evaluation.

**Categories:**

Assessment/Psychometrics/Methods (Adult)

**Keyword 1:** neuropsychological assessment

**Keyword 2:** personality

**Keyword 3:** childhood maltreatment

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### 13 Relationship Between Subjective Cognitive Decline and Episodic Memory Among Older Adults with and Without Neurocognitive Impairment

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**Objective:** Previous research has found that subjective cognitive decline corresponds with assessed memory impairment and could even be predictive of neurocognitive impairment. The purpose of this study was to investigate whether a single self-report item of subjective cognitive decline corresponds with the results of a performance-based measure of episodic memory.

**Participants and Methods:** Older adults (n = 100; age 60-90) were given the single item measure of subjective cognitive decline developed by Verfaillie et al. (2018).

**Results:** Those who endorsed subjective cognitive decline (n = 68) had lower scores on the CVLT-II long delay free recall than those who did not endorse such a decline (n = 32). Additionally, older adults with a neurocognitive diagnosis believed their memory was becoming worse at a higher proportion than those without.

**Conclusions:** While a single item of subjective cognitive decline should not be substituted for a comprehensive evaluation of memory, the results suggest that it may have utility as a screening item.

#### Categories:

Assessment/Psychometrics/Methods (Adult)

**Keyword 1:** memory: normal

**Keyword 2:** self-report

**Keyword 3:** neurocognition

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### 14 Prevalence of Mid-Range Visual Functions and their Relationship to Higher-order Visual Functions after Stroke

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**Objective:** Visual deficits are common after stroke and are powerful predictors for the chronic functional outcome. However, while basic visual field and recognition deficits are relatively easy to assess with standardized methods, selective deficits in visual primitives, such as shape or motion, are harder to identify, as they often require a symmetrical bilateral posterior lesion in order to provoke full field deficits. We aimed to investigate the prevalence and co-occurrence of *hemifield* “mid-range” visual deficits. In addition, we looked at the repercussions of these mid-range deficits on higher-order visual cognitive functions, such as visuoconstruction and memory. At a more theoretical level, we investigated whether associations between deficits in ‘mid-range’ visual functions and deficits in higher-order visual cognitive functions are in line with a hierarchical, two-pathway model of the visual brain.

**Participants and Methods:** In 220 stroke patients and a healthy control group (N=49), we assessed the perception of colour (isoluminant stimuli in the red-green range), shape (Efron shapes), location (dot in a circle), orientation (lines at different angles), contrast (bars with converging grey-level differences), texture (from Brodatz grayscale texture album) and correlated motion (different percentages of dots moving in the same direction). All tasks started with a fixation dot presented at the centre of the screen. After one second, a target stimulus was presented on the horizontal midline at either 5° to the left or at 5° to the right side of the fixation. Then, after 1.5 seconds, two response items appeared in addition to the target stimulus for three seconds. To control for eye movements, we used an eye-tracker to present the target in a gaze contingent fashion. Thus, the target always remained in the correct retinal position