predictive ability of specific DRS measures. Post-hoc interrater reliability was significantly high for both the DRS (.90) and the FIL (.80). Stepwise multiple regression analysis identified the optimal combination of the “Grooming” and “Toileting” subscales as having significant predictive value, resulting in a multiple correlation of .69 and accounted for 47% of the total variance in FIL scores. The multiple regression equation was as follows: Grooming (-4.26) + Toileting (-2.337) + 45.818. Results suggest that following a moderate to severe traumatic brain injury, an individual’s ability to perform self-care routines is the most significant predictor of ultimate level of independence.

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Recognition Memory Procedures for the Halstead-Reitan Neuropsychological Test Battery. The two-alternative forced-choice recognition (TAFCR) methodology has proven to be a valuable paradigm for the clinical evaluation of symptom exaggeration and malingering. The Portland Digit Recognition Test (PDRT) and Hiscock Digit Memory Test are the two most widely researched and utilized procedures of this type but are limited in that they address motivational behavior only during the performance of the specific tests and may require testing time of up to 40 minutes. In the current paper we present a 48-item TAFCR procedure that utilizes stimuli from the Halstead-Reitan Neuropsychological Test Battery (HRNTB) from which all subjects are exposed in the routine administration of this battery. Stimulus items were selected from six of the HRNTB procedures including Aphasia Screening, Picture Completion, Block Design, Digit Symbol, WRAT-R Spelling and the Category Test so that motivational performance may be measured across a number of tests utilizing actual test materials as target stimuli for subsequent TAFCR trials. Each of the 48 target stimuli were paired with a similarly drawn “foil” stimulus typically representing a slight content or perceptual variation of the target stimulus. At the end of each test, subjects are asked to inspect a series of target stimulus/foil stimulus pairs and to indicate whether the item they just saw is in the upper or lower portion of the card. We administered this procedure to a group of 12 adult outpatients meeting diagnostic criteria for traumatic brain injury along with the PDRT, the Rey 15-Item Test and the MMPI-2. Results indicate that this new TAFCR procedure was very easy for this organic population ($X_{correct} = 46.58/97\%$, $SD = 1.24$) compared to the easy trials of the PDRT ($X_{correct} = 32.08/89\%$, $SD = 2.60$). While none of the subjects in this study generated PDRT or Rey scores exceeding established cutoff points suggestive of malingering, it should be noted that the two subjects with the lowest Rey scores also had the lowest scores on the new procedure. Depending on future research, this brief procedure may be of value in the clinical assessment of motivation and malingering.

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WAIS-R Factor Scores in an Ambulatory Head Injured Population. The purpose of this study was to examine the ability of the Wechsler Adult Intelligence Scale-Revised (WAIS-R) factor scores in an ambulatory head injured population ($N = 60$) to differentiate between head injured workers who had returned to work, and those who, because of head injury, were unable to resume employment. The factors used for this study were: The Three Factor Structure (Verbal Comprehension, Perceptual Organization, and Freedom From Distractibility), Bannatyne’s Categories (Verbal Conceptualization Ability, Spatial Ability, Sequential Ability and Acquired Knowledge), and Horn’s Fluid-Crystallized Intelligence Model (Fluid Intelligence, Crystallized Intelligence, and Retention). There were no statistically significant differences in mean scores between the two groups on any WAIS-R factor score. Multiple regression analyses also did not yield a significant factor score (or scores) which would predict group membership. When the