relevance to the recovering patient, including procedural memory, fine and gross motor skill, visual-spatial integration, volitional planning and organization, and perception of self. Moreover, our clinical experience suggests that many patients, even those with severe injuries, maintain adequate knowledge of how to execute this task. Signatures of 138 of an initial pool of 259 subjects were analyzed at the time of their application to the Pennsylvania Head Injury Program (mean time post injury = 1.6 years). Signatures were coded along a four point scale; ability to produce at least an “X” or a single character, but no more than two words (Group 1, n = 21); ability to provide first and last name (Group 2, n = 49); ability to provide first and last name in a straight line (Group 3, n = 21); and ability to provide a “normal” signature (Group 4, n = 47). A significant effect of ability to sign one’s name was noted on length of hospitalization (p < .001) and functional outcome (p < .001) variables; subjects with the ability to sign their names normally had significantly shorter hospital stays, and achieved significantly better outcomes.

In terms of initial severity of injury, no significant differences were noted between groups on Glasgow Coma Scale and Rancho Los Amigos Ratings at the time of admission to the emergency room, and overall length of loss of consciousness, suggesting that these results were not compromised by different levels of initial injury severity. We believe that assessment of an individual’s ability to sign his or her name is a sensitive, easily administered, and readily scored neuropsychological measure. Although this test is not a highly specific measurement of any particular neuropsychological construct, it is a strong discriminator of an individual’s functional ability, and should be included in a neuropsychological assessment.

Naglieri, J. A., & Wasserman, J.
Purpose of the Study: Identification of the cognitive processing deficits of children with Traumatic Brain Injury (TBI) using IQ tests has been plagued with problems. These children have obvious deficits, typically in executive functions yet tests like the Wechsler “lacks predictive validity in relation to academic performance . . . and therefore cannot reliably identify those children in need of special educational services (Savage & Wolcott, p. 73).” Savage and Wolcott describe deficits common in children with TBI as difficulty with self-regulation. This has been described by Naglieri and Das (1997) as a deficit in planning processing. Planning is one of the four parts of the PASS theory of cognitive processing.

The Planning, Attention, Simultaneous, Successive (PASS) theory is based on the following cognitive processes: Planning—a mental process by which the child determines, selects, and uses efficient solutions to problems; Attention—a mental process by which the person selectively attends to some stimuli and ignores others; Simultaneous processing—a mental activity by which the child integrates stimuli into groups; and Successive processing—a mental activity by which the person integrates stimuli in a specific serial order. The PASS performance of children with TBI and other exceptionalities has been studied using the Cognitive Assessment System (Naglieri & Das, 1997).

Method: To investigate the utility of PASS for identification of the cognitive deficits of children with TBI, two research studies will be summarized. These studies involve a sample of children with reading disability (RD; n = 24) and a group of children with TBI (n = 22). These two samples are included because of the difficulty tests like the Wechsler have had showing sensitivity to the differences between such groups. The results of these studies will be presented in detail. In summary, the children in the RD group (15 boys and 9 girls) were selected from a larger sample if they had a 15-point difference between WISC-III FSIQ and their WJ-R Word Attack score, and Word Attack was less than 90. The children with TBI (14 boys and 8 girls) all had moderate to severe closed head injury and Glasgow Coma Scale scores of 3–12 at admission.
Results: The results showed that TBI and RD children performed differently on PASS: TBI scores are as follows: Planning = 81; Simultaneous = 94; Attention = 87; Successive = 93. In contrast the RD group's scores were Planning = 93; Simultaneous = 95; Attention = 87; Successive = 88. These results suggest that the two samples performed differently on the PASS scales. In both cases there were cognitive deficits uncovered by the PASS approach. Implications of these results for both identification and intervention will be provided.

**Newman, A., Garmoe, W., & Beatty, P.**

*Self Awareness Post TBI in the Acute Inpatient Rehabilitation Setting: Change Over Time and Relationship to Neuropsychological Functioning.*

Individuals with severe traumatic brain injury often display impaired self-awareness in addition to other cognitive and physical deficits. Impaired self-awareness places the person at risk for poor judgment decisions, difficulties adapting to change, and interpersonal struggles due to loss of appreciation for the impact of one's behavior on others. While many studies have examined awareness in the post-acute period, only a few have attempted early measurement. The Functional Self-Appraisal Scale (FSAS) was developed to assess self-awareness of performance on relevant functional tasks in the acute inpatient rehabilitation setting. The scale uses a well-established methodology of comparing an individual's self-ratings on specific tasks with ratings provided by rehabilitation staff. In initial studies, inter-rater reliability was found to be adequate across three disciplines (intra-class correlation coefficient = .69-.76). In addition, brain injury patients significantly overestimated their abilities using the FSAS, relative to ratings from physical, occupational and speech therapists ($p > .002$ for all comparisons)—consistent with the pattern of self vs. staff and family ratings measured by other investigators in the post-acute setting. In this study, patients' self-awareness was compared on admission and at discharge from an inpatient rehabilitation setting, which revealed significant improvement during the period of hospitalization. Furthermore, even individuals with gross impairments of self-awareness on admission significantly improved in this area by the end of their hospitalization. Self-awareness did not correlate with neuropsychological functioning or at discharge, suggesting that self-awareness is an independent construct and may account for some of the variance critical to predicting outcome. Future research is outlined, including investigating the discriminative validity of the FSAS with a non-brain impaired sample and the relationship of early levels of self-awareness following TBI to functional outcome.

**Palav, A., Ortega, A., & McCaffrey, R. J.**

*Incremental Validity of the MMPI-2 Content Scales Relative to the Clinical Scales: A Preliminary Study with a Brain-Injured Population.*

Studies examining the incremental contribution of the MMPI-2 content scales in the prediction of scores on self-report measures have been conducted with an undergraduate population and with an inpatient psychiatric population. The MMPI-2 content scales were constructed of questions with high face value in order to provide an open line of communication between the client and the examiner. Since a number of questions which comprise the clinical scales inquire about symptoms which may be experienced as a result of brain injury, the content scales may provide additional information with which to evaluate members of this population. In this study, the MMPI-2 and the Symptom Checklist-90-R (SCL-90-R) were administered to 48 moderate to severely brain-injured participants (26 males, 22 females) of mixed etiology. Zero-order correlations between the MMPI-2 clinical and content scales and the SCL-90-R subscales for both males and females indicated that, with one exception, clinical and content scales correlate with each of the SCL-90-R subscales. In the majority of cases, content scales were found to