**Performance and Symptom Validity-2**  
Utilizing the Digit Span Subtest (WAIS-IV) as an Embedded Symptom Validity Test  
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Objective: It is important for all clinicians to utilize symptom validity tests (SVTs) to evaluate their client’s effort during a neuropsychological evaluation. There is special importance of SVTs that are embedded, do not rely on forced-choice options, and are unrelated to long-term memory. This is due to coaching and variability of when the individual chooses not to employ good effort. The Digit Span (DS) subtest of the Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV; Wechsler, 2008) can be utilized as a viable SVT that is not only embedded, but also does not rely on forced-choice options or long-term memory. The purpose of this study was to compare different ways of using the DS subtest as an embedded SVT: the Reliable Digit Span (RDS), Enhanced Reliable Digit Span (ERDS), and Age-Corrected Scaled Score (ACSS) less than 5. Method: This study was quasi-experimental. The sample of this study was collected from an outpatient neuropsychology clinic. The non-credible group (n = 44) consisted of those who were seeking disability and failed either the Test of Memory Malingering (TOMM; Tombaugh, 1997) or the Word Memory Test (WMT; Green, 2003), while the credible group (n = 37) were not seeking disability and did not fail the TOMM or WMT. Results: Sensitivity and specificity were calculated for: RDS < 7 (34.88%/92.89%) and < 8 (76.74%/86.49%); ERDS < 10 (39.53%/94.44%), < 11 (51.16%/89.19%), and < 12 (79.07%/86.49%); and ACSS (38.64%/97.37%). Conclusion: Relying on the recommended specificity cut-off of 90% (Boone, 2013), the present study suggests that the ACSS yields the best specificity/sensitivity. Further investigations are warranted with a larger sample size and a better defined non-credible group (failed 3 or more SVTs). For clinical implications, this study recommends that the ACSS be utilized as an embedded SVT for the DS subtest.