among laboratory measures, using classroom observations as criterion for classification of
children into subtypes of externalizing behavior disorders. The IOWA Conners Teacher
Rating Scale was used to classify students in kindergarten through fourth grade, who were
6–9 years of age, and obtained IQ scores falling in the 80–120 range, into three subtypes of
externalizing behavior disorders (Inattentive/Overactive — IO; Oppositional-Defiant —
OD; Mixed — MX). Selection criteria also included absence of major medical or psychi-
atric problems, absence of reading disability, and absence of any current or prior medication
treatment. These strict criteria yielded 28 subjects, over a 2-year period, from 253 children
referred to a medical center for evaluation of a suspected ADHD and/or learning disorder.
The laboratory measures included the Lindgren Continuous Performance Test-2, Margolis
Children’s Checking Task, Barkley Observation Schedule, Greenberg Test of Variables of
Attention, and Kagan Matching Familiar Figures Test. Results found that subjects in the IO
and MX samples generally earned scores falling outside the expected normal range on these
measures. However, only the omission error percentage distinguished the subjects in the IO
sample from the members of the MX sample (MX > IO). Only one child met criteria for
membership in the OD group so no analyses could be performed.

Reynolds, C. R.
*Forward and Backward Memory Span Should Not Be Combined for Clinical Analysis.*
Throughout the history of clinical assessment of memory, forward and backward digit span
have been extremely popular. They are most prominent in the Wechsler series (in the intelli-
gence scales and the memory scales) where forward and backward recall are combined to
derive a single score for interpretation. Cognitive as well as clinical research suggests for-
w ard and backward recall may represent relatively distinct, nearly discrete recall tasks for
most individuals. Strategies for the two tasks clearly differ and ethnic patterns of perfor-
ance are radically different on forward and backward recall. Backward recall has been
shown to have double the loading on a “g” factory as forward recall. The present study eval-
uated the factor structure of a series of forward and backward recall tasks using numbers,
letters, and a variety of visual stimuli where sequence of recall is always salient. A popula-
tion proportionate, stratified sample of 1,432 children and adolescents (ages 5–19 years)
was tested. Age-corrected deviation scaled scores were submitted to exploratory factor anal-
ysis using the method of principal factors with Promax and Varimax rotations. Two distinc-
tive factors emerged clearly aligned with forward and with backward recall suggesting
strongly that these two types of tasks are distinct and should probably not be combined for
clinical analysis and interpretation.

Ribbler, N. S., Ribbler, A., & Clawson, L.
*Brain-Injured Adults’ Verbal Memory: Implications for Cognitive Retraining.*
Functional memory assessment is most useful if measures help guide rehabilitation efforts.
Most commonly-used memory tests do not always guide rehabilitation efforts for patients
with memory problems. Most verbal memory tests rely on auditory presentation of stim-
uli. However, in the natural environment, people usually remember information that is
either presented auditorially (lecture or spoken instructions) or presented in written form
(memos, newspapers, etc.). The current study used auditory and written stimuli. The two
stories used were the Babcock Story (auditory presentation) and the Portland Paragraph
(read by the subjects). The study compares normal and brain-injured subjects on two story
memory tests. The first story was presented to subjects who then recalled the story imme-
diately and after a 20-minute delay with intervening nonverbal tasks. After a minimum
delay of 1 week, the second story was presented to subjects who then recalled it immedi-