development. It is characterized by problems with reading and spelling which may be related to the impaired phonological processing skills also found in this population. Children with dyslexia often present with problems in language processing, articulation, and verbal memory. More recently, some authors have noted deficits in executive functioning in this population. The cognitive literature has demonstrated a direct relationship between measures of speech rate and verbal memory span; the faster one talks, the more items he or she can retain. It has also shown a positive relationship between measures of phonological processing and verbal memory. The clinical neuropsychological literature has demonstrated a relationship between reading deficits and reduced verbal memory span in children with dyslexia, but has yet to focus on the contribution speech rate, phonological processing skills, and executive functioning make to explaining this reduced span. One of the goals of the current study was to investigate the nature of the relationship between short-term verbal memory as measured by the Wide Range Assessment of Memory and Learning (WRAML) and measures of speech rate, phonological processing, word fluency, reading ability and VIQ in children with dyslexia. The sample included children between the ages of 9 to 13 who had been diagnosed by their school system as having a learning disability in reading. The backwards regression statistic was utilized to investigate the degree to which the measures of speech rate, reading ability, WISC-III VIQ, Woodcock-Johnson-Revised Word Attack (WJ-R WA), and the Benton Word Fluency test (BWF) predict measures of short-term verbal memory from the WRAML. Preliminary results suggest speech rate successfully predicted both Sentence Memory and the Verbal Memory Index, explaining approximately half of the variance of these two measures. Verbal Learning was predicted by reading ability and the WJ-R WA subtest, while Number/Letter memory was predicted by reading ability and BWF. None of the variables entered into the equation were successful predictors of Story Memory. It is interesting that the relationship between measures of verbal memory and measures of speech rate, phonological processing, word fluency and reading ability was able to be replicated when using subtests which measure memory for sentences, lists of words, and number/letter strings. However, none of the expected relationships held for memory for stories. This may be because the Story Memory subtest provides a great deal of context to aid children’s memory. Previous research has demonstrated that children with dyslexia are better able to retain semantic information. The other three subtests do not provide as much context, and therefore, may be more affected by deficits in these skills. In summary, this study has demonstrated a positive relationship between measures of short-term verbal memory and measures of speech rate, word fluency, and phonological processing by utilizing tests more commonly used by clinical neuropsychologists. This was true for measures which did not provide as much context, but not true for memory for stories. It appears that children with dyslexia are more able to compensate for their deficits when they are provided with material to recall which has a greater semantic base.

Kindermann, S. S., & Brown, G. G.
Depression and Memory in the Elderly: A Meta-Analysis.
The literature regarding the effects of depression on memory in the elderly is equivocal; some researchers claim little or no effect of depression on memory while others hold the opposite view. This is an important conflict to resolve, if possible, because of the thorny problem of differentiating clinically between the diagnoses of dementia and dementia syndrome of depression. To that end, a meta-analysis of studies (n = 40) of depression’s effects on memory in the elderly (sample mean age ≥ 55) examined variables potentially accounting for the literature’s divergent findings. The distribution of effects was bimodal; effect sizes were heterogeneous. Compared to controls, groups containing unipolar subjects only were significantly less impaired than mixed unipolar-bipolar groups (unipolar d = −.58; mixed d =
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−.89; index values for $d$ are small = .2; medium = .5 and large = .8); five of six studies mixing depression subtype were associated with the more negative mode (the value for this mode would be considered a large effect). Samples ($n = 3$) containing younger depressed subjects (<45 years — in one case the lower end of the age range was 23 years) were significantly more impaired and were also associated with the more negative mode (with younger subjects $d = -1.15$; without younger subjects $d = -0.54$). Significant group differences were also found between studies matching their comparison groups reasonably well on years of education ($d = -0.45$) and those that did not ($d = -0.78$). However, these differences were not associated with either mode. Thoroughness of dementia screening yielded no group differences. Although correlated observations precluded significance tests, larger effects were found for (1) figural memory ($d = -0.86$) compared to verbal ($d = -0.58$); (2) delayed memory ($d = -0.74$) compared to immediate ($d = -0.59$); and (3) recognition hits ($d = -0.71$) compared to free recall ($d = -0.64$), incidental ($d = -0.64$) or cued recall ($d = -0.40$). Similar effects were found for composite memory scores vs. constituent and for various presentation paradigms (e.g., single presentation, selective reminding). Effect sizes for these categories were in the moderate range. Difficulties synthesizing this literature are discussed as are suggested remedies and directions for future research.

King, J. H., Klege, K. J., & Davis, H. P.
The Effects of Coaching on Detecting Simulators of a Memory Deficit on Two Tests of Episodic Memory, Two Tests of Semantic Memory, and Two Tests of Nondeclarative Memory. The task of assessing individuals experiencing cognitive impairments following head injury becomes more difficult when the neuropsychologist needs to consider the possibility of malingering. A potential malingering can become more sophisticated about how they should perform by gathering information on the to be used test, or by receiving coaching on how to perform. Indeed, a recent survey of practicing attorneys and law students indicated that most would be willing to give information to clients on what a test is designed to assess, and the nature of performance on such tests by individuals with genuine deficits. Here, the effects of coaching how to perform like a genuine memory impaired individuals is assessed on a variety of tasks. Participants were randomly assigned to a control group, a simulator group without coaching, and a simulator group with coaching. In the control group, participants were instructed to do their best on a set of memory tests, simulators without coaching were told to fake a memory deficit for credit and possible financial compensation, and coached simulators were given information about how head injury might effect performance on memory tasks. Post-hoc analysis showed that coaching did not significantly ($p < .05$ in all cases) improve simulators performance on a semantic test of personal and general knowledge, or a semantic test requiring participants to distinguish between real and fictitious city names. In the case of the declarative tests, coaching did not significantly alter the performance of coached simulators as compared to simulators without coaching on the Rey Auditory Verbal Learning test or on a forced choice digit recognition test. Coaching did significantly alter the performance of simulators on a nondeclarative word stem completion priming test, but not on a nondeclarative pattern categorization test. The results indicate coaching may have a greater impact on nondeclarative tasks designed to detect malingering of a memory deficit than on declarative tests.

Kixmiller, J. S., Truitt, F., & Verfaellie, M.
Comparison of Short Term Verbal Retention among Patients with Amnesia and Pre-Frontal Lobe Damage.
In a previous experiment, we showed that Korsakoff patients had a significantly quicker rate of forgetting than mesial temporal and anterior community artery (ACoA) aneurysm patients