be compared from a cross-cultural perspective to a similar study nature completed with volunteers in Spain. Also, implications for an ecological valid approach to memory assessment will be considered.

McKinzie, R. K., Roecker, C. E., Puente, A. E., & Rogers, E. B.
Performance of Normal Adults on the Luria-Nebraska Neuropsychological Battery, Form I.
Different studies were pooled to form a sample of 241 LNNB profiles. The first problem addressed was the LNNB's false positive rate. All five yes/no decision rules were applied simultaneously. Each individual rule had a 0–8% false positive rate: combining the rules in four different ways increased the false positive rate by 0–6%. When divided into over and under 65-year-old groups, each rule applied to the younger group had a 0–5% false positive rate: combining them increased the rate to 6–8%. When applying the rules to the older group, each rule had a 0–27% false positive rate: combining all rules but the one with the highest error rate produced a false positive rate of 27%. The false positive rate for the entire sample was 12%. To solve the second problem of interpretation, making qualitative item analyses easier, the difficulty level (i.e., percentage of normals missing the item) for each item was calculated. The third problem was the LNNB’s malingering formula’s accuracy. The formula was applied to the sample; as expected, the normal profiles had an inaccuracy rate of 26%. The few mildly impaired profiles had a 6% inaccuracy rate. When applied to the entire sample of normals and using the appropriate interpretive guidelines, the formula had a false positive rate of 1%.

Rankin, E. J., Ritchie, J. A., TerryBerry-Spohr, L., & Arias, R.
Shortened Version of the Luria Memory Words Test: Psychometric Information for Use with Patients with Suspected Neurological Compromise.
This investigation presents psychometric information on the shortened version of the Luria Memory Words Test (LMWT-SF), a serial word learning list with seven items, administered across five trials with a three minute delay trial. The purpose of the investigation was to determine what constituted adequate performance among non-demented elderly inpatients, and to compare the results to traditional bedside memory measures among persons diagnosed with dementia. Subjects were geriatric inpatients referred for neuropsychological evaluation for suspected cognitive deficit. The sample consisted of 24 (4 male, 20 female) patients with psychiatric diagnoses and 69 (25 male, 44 female) patients with diagnoses of dementia. Means (and standard deviations) for the age, educational levels (both, in years), and MMSE scores of the psychiatric and dementia groups, respectively, were the following: Age = 75.7 (5.4) v. 77.7 (6.8); Education = 11.8 (2.3) v. 10.8 (3.0); MMSE = 27.0 (1.7) v. 22.4 (4.5). All subjects were diagnosed by a board certified geropsychiatrist. Results revealed significant group differences on Trials 3, 4, 5, and the Delay Trial. The six LMWT-SF scores were positively correlated with both the MMSE delayed three word trial, and the WMS-R Logical Memory savings score. Sensitivity and specificity ratings for the LMWT-SF Delay trials were 65% and 73%, respectively, at a cut-off of 2/3, compared to ratings of 61% and 63%, respectively, for the delayed three word trial of the MMSE, at a cut-off of 1/2. The authors conclude that the LMWT-SF is an adequate screening measure of verbal learning and memory in persons with suspected dementia.

Barringer, M., Mayfield, J. W., & Reynolds, C. R.
Performance of Normal Elderly on a Verbal Measure of Set-Shifting and Executive Function Controlling Gender and Educational Level.
The purpose of the current study was to expand baseline data for interpretation of performance by the elderly on the Test of Verbal Conceptualization and Fluency (TVCF; Reynolds