equation. This suggests that the neuropsychological abilities measured by these tests may be related to unawareness of deficits. Based on these findings, a new neuropsychological theory is postulated that suggests that some variants of anosognosia are related to impairments in executive functioning. The cognitive determinants of unawareness are likely related to cognitive estimation, planning, and verbal agility/mediation. Directions for future research, theoretical and neuropsychological practice implications are discussed.

Coben, R. A., Boksenbaum, S. I., & Kulberg, A. M.
The Cognitive Estimation Test: A Potential New Measure of Frontal-Mediated Executive Functioning.
The neuropsychological assessment of executive functioning is often difficult because the testing situation rarely elicits the need for novel problem solving and, therefore, reduces the likelihood of detecting impairments. Two studies (Shallice & Evans, 1978; Smith & Milner, 1984) have now demonstrated that the ability to produce cognitive estimates may be compromised following anterior brain damage. Despite these positive findings, no standardized, norm-referenced measure of cognitive estimation has been published. The present investigation was conducted to establish such a cognitive estimation test that would discriminate between normal controls and brain damaged patients, be internally consistent, and possess convergent validity. Thirty-two items were initially selected for the Cognitive Estimation Text (CET). These items were selected to contain information that was beyond the scope of most individuals' knowledge base. As a result, it was hypothesized that individuals would need to enlist the aid of executive functioning strategies to arrive at the most reasonable answers. Fifty normal controls without evidence of neurologic or psychiatric symptomatology and 15 brain damaged patients (composed of TBI's, CVA's and other neurologic diagnoses with no previous history of neurologic or psychiatric symptomatology) were administered the CET. Items were scored by converting responses to scaled scores based on percentile rankings. Of the original 32 items, 20 items significantly ($p < .05$) discriminated between the brain damaged and control groups. Two additional items were deleted from the CET because of very low item–total scale correlations. The remaining 18 items that make up the CET demonstrated adequate internal consistency (Alpha = .75). Three summary indices for the CET were created. Both the Total Score and the Underestimation score significantly discriminated the brain damaged group from the controls ($p < .01$), but the Overestimation score did not. Convergent validity was established on a sample of 22 patients (14 brain damaged and 8 orthopedic) through statistically significant correlations between the CET (Total and Underestimation scores) and the Controlled Oral Word Association Test-FAS ($r = .59$, $p < .01$), the Behavioral Dyscontrol Scale (a measure of motor programming; $r = .44$, $p < .05$), and the Tower of Hanoi task ($r = .43$, $p < .05$). We present the Cognitive Estimation Test as an internally consistent measure that may be useful in neuropsychological prac-

tice and research and that has the potential to become an additional means of assessing frontal-mediated executive functioning.

Cole, J. L., Kaylor, J. A., Lewandowski, A. G., & Spector, J.
Performance of Depressed, Brain-Injured, and Patients Seeking Compensation Through Litigation on Two Forced-Choice Measures of Attention and Memory.
Neuropsychological assessment assumes an adequately motivated subject, and the evaluation of malingering is most often accomplished by examining performance consistency. However, standard batteries such as the Halstead Reitan Neuropsychological Battery (HRNB) do not directly incorporate measures of symptom validity. As a result, forced-choice procedures are commonly used in clinical practice as a means for detecting poor motivation or feigned deficit, especially in cases involving litigation with compensation. Spector et al. (1994) have suggested that, as a forced-choice measure, the Seashore Rhythm Test (SRT) of the HRNB may have potential uses as a method of assessing symptom validity. The present study was designed to compare performance on the SRT and the memory subset of the Tests of Neuropsychological Malingering (TNM; Prichard, 1993) in a mixed clinical sample. Sixty patients were assigned to the following groups: depressed (D), brain injured-not seeking compensation (BI), and subjects seeking compensation through litigation (CL). An equal number of normal controls were solicited from the community. Memory testing consisted of 72 trials of a 5-digit immediate recall task with malingering determined by performance relative to chance compared to the binomial distribution. The SRT was administered and scored according to standard practice. Results showed that no significant differences were found between the N, D, and BI groups on the TNM. Although the CL group performed more poorly compared to other groups on the SRT, no patients performed worse than chance. Similarly the CL group performed more poorly than other groups on the TNM, although only one patient performed worse than chance. In this study, the SRT was not a useful indicator of symptom validity. Consistent with Binder (1993), the TNM data confirm meaningful differences in forced choice performance between clinical and compensation-seeking patients. Compensation-seeking patients rarely perform worse than chance and we recommend defining appropriate psychometric cutoffs.

Colligan, R. C.
CAVEing the MMPI: An Optimism-Pessimism Scale Based on Seligman's Model.
Research based on Seligman's attributional model indicates that a pessimistic explanatory style is associated with depression, poorer physical health, and lower levels of achievement. Individuals with internal, stable, and global explanations for causes of adverse events in their life are more frequent users of the medical and mental helth care delivery system than those not having such a style. In the past, explanatory style has been assessed by using either