

ABSTRACT

Improving the Assessment of Practical Judgment Ability in Older Adults

by

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Judgment is an important aspect of executive functioning and critical to many aspects of real-world behavior. As the older adult population and incidence of dementia rises, the assessment of judgment during neuropsychological evaluations is important for informing diagnosis, understanding functional and cognitive competence, and designing effective treatment plans. The Test of Practical Judgment (TOP-J) is an objective verbal measure with two versions (i.e., 9 items and 15 items) that is increasingly used by neuropsychologists; however, initial validation research was conducted with a small, highly-educated non-Hispanic White sample. As a result, normative data and content may not be appropriate for individuals with limited education or other cultural backgrounds. In addition, only one version was developed, limiting the TOP-J's usefulness in repeat assessment situations. Furthermore, no informant measures of judgment exist—even though neuropsychologists routinely gather such data. These identified needs prompted three studies to: (1) update TOP-J administration/scoring guidance and normative data ($N = 348$); (2) develop and assess psychometric evidence of an alternate form ($N = 130$); and (3) develop and assess psychometric evidence of an informant form ($N = 189$). In study one, an item was replaced on the 9-item version, now called TOP-J Form A, due to confirmatory factor analysis findings. The normative sample size was increased from 39 to 261 with education stratification and improved representation (0% to 31%) of individuals from other racial/ethnic backgrounds. Evidence of reliability and validity were comparable to original validation

findings. A comprehensive manual with updated scoring criteria was developed and normative data presented. In study two, results revealed an adequate alternate form of the TOP-J (i.e., Form B) with similar means and standard deviation (i.e., < 1 point difference in each metric for 9-item and < 2 points for 15-item). Normative data ($n = 73$) were established with 27% representation of racial/ethnic backgrounds other than non-Hispanic White. The TOP-J Form B showed strong psychometric properties, including good unidimensional model fit and preliminary reliability and validity evidence. In study three, reliability and validity evidence also emerged for the informant form (i.e., TOP-J-Informant). Patient diagnostic groups were significantly discriminated in the expected direction. Taken together, this dissertation improved the utility of the TOP-J. The updated TOP-J Form A, TOP-J Form B, and TOP-J-Informant should prove useful in diverse settings to inform diagnosis and provide valuable information to help safeguard older adults at risk for functional decline, exploitation, and dangerous decision making.