

One Cheer for Digit Span: Alternate Administration & Scoring Methods May Improve Working Memory Measurement

Erica L. Wells, Sherelle L. Harmon, Elia F. Soto, Nicole Ferretti, Matthew Casarico, Briana Francis, Brian Menard, Kayla Saunders, & Michael J. Kofler, Ph.D. **Department of Psychology, Florida State University**

Introduction

- Working memory (WM) is a limited capacity system for temporarily storing and processing internally held information for use in guiding behavior (1).
- Children with ADHD exhibit large magnitude WM deficits $(d \ge 2.0; 4)$ but do not perform comparatively worse than non-ADHD children on digits backward relative to digits forward (6).
- Digit span backward is frequently interpreted as a measure of WM, but decades of evidence from cognitive psychology indicate that digits backward is better characterized as a measure of verbal short-term memory (STM; cf. 3).
- STM and WM constructs predict non-overlapping variance in outcomes such as IQ (10).
- Performance on simple span tasks (e.g. digit span forward & backward) appears to predict WM only at list lengths that exceed STM capacity (i.e. during the trials omitted by standardized administration; 9).



Study Objectives

- One explanation for the poor correspondence between digit span backward and WM tasks is the former's discontinue criteria that omits trials above the child's span (i.e. longest perfectly recalled sequence).
- In addition, the all-or-nothing scoring approach has been criticized psychometrically, and may blunt individual differences relative to partial-credit scoring (2).
- To test these hypotheses, Unsworth & Engle (9) omitted a simple span task's discontinue criteria and scored each stimuli recalled in the correct serial position (partial-credit scoring). They found that simple span predicts complex span (WM) only at simple span list lengths that exceed STM capacity.
- The current study is the first to examine this hypothesis in a clinical sample of children.

Method

Participants

- Thirty-six children with ADHD (13 female, 23 male), ages 8-13 • M age = 10.35, SD = 1.42
- Final N = 33 (three excluded due to administration error)
- multiple parent/teacher ratings (BASC, CSI)

Measures

- WISC-IV Digit Span (DS) Backward
- PH and VS WM tasks, as described by (7) and depicted in the Figure below. Administration & Scoring Procedures
- Performance on DS was evaluated using both traditional (discontinue rule; all-or-nothing scoring) and recommended (no discontinue; partial-credit unit scoring) methods (9).
- A latent index of central executive WM served as the criterion as recommended, to reflect shared variance between PH and VS WM (cf. 8).

Visuospatial (VS) and Pho



Resu

- Traditional DS Backward scores were not related significantly to the WM criterion (r =0.005, 95% CI = -.45 to .56).
- partial-credit scoring methods (r = 0.47, 95% CI = .15 to .78).
- The improved correlation appeared specific to trials above span: Performance at the lowest list lengths failed to predict WM (2-4 digits; r = .09, 95% CI = -.32 to .56), whereas the .83).
- .39; $\beta = .64$, p = .001) and SES ($\Delta R^2 = .23$; $\beta = .47$, p = .006) uniquely predicted WM. Traditional and low-list scores failed to account for additional variance (all p > .05).

• Diagnosed using DSM-5 criteria based on comprehensive K-SADS diagnostic interviews and

• Participants completed *all* trials of WISC-IV digit span backward (i.e. no discontinue rule).

nol	ogical (P	H) WM	Tasks
ial Task	Black Dot 3	3 4 1 2 Correct Response Sequence	
cal Task	t		
1	5	Verbal Response: 2, 5, 6, M	
		Correct Response Sequence	
lts			

• A significant relation between DS Backward and WM emerged when using non-discontinue,

highest list lengths showed strong association with WM (6-8 digits; r = .60, 95% CI = .35 to

• The hierarchical regression was significant ($R^2 = .62$, p = .001). High-list performance ($\Delta R^2 =$



Discussion

- Our results extend findings from healthy populations to a clinical sample, and they further challenge traditional interpretations of digit span backward as a measure of WM.
- WM performance predicts constructs as varied as academic achievement, IQ, and social functioning (e.g., **3**; **5**).
- Firm conclusions regarding digit span's construct validity are limited by the lack of a typically
- developing (TD) comparison group; however, results were highly consistent with findings from healthy populations (3; 9).
- Future research that includes larger samples of TD and clinical comparison groups is needed to determine the extent to which DS Backward measures WM across groups.
- Accurate measurement of WM is useful in both research and clinical settings. This may be particularly relevant for clinical assessment of children with ADHD and other populations that exhibit impairments
- in working memory.

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