test (WCST) and Trail Making Test (TMT) were reviewed.

Results: The WCST and the TMT, with its variant, was the most normed EF cognitive test currently available. The Keio version Japanese-Trail Making Test (J-TMT) and a simplified version of the Trail Making Test (S-TMT) has been utilized in Japan, however norms are still lacking. Of the available studies, the S-TMT and J-TMT were found to be moderately correlated with the TMT. The Keio version WCST (KWCST) (Kao et al., 2012) was correlated to education level (Abe et al., 2004), appropriately differentiating severity of social anxiety disorder (Fujii et al., 2013), patients with schizophrenia (Banno et al., 2012), and cognitive impairment in Parkinson's disease (Yoshii et al., 2019).

Conclusions: Information regarding translated and normed tests are presented to assist clinical neuropsychologists provide competent services to Japanese-Americans. The J-TMT and the S-TMT may be clinically useful as an evaluation of attention for the Japanese population. The KWCST has also been found to be an appropriate tool for this population. However, publicly available norms for these assessments are still sparse, and there is very limited information about administration of these tests by English-speaking neuropsychologists with the use of interpreters. Further work is needed to increase access to and awareness of linguistically and culturally appropriate versions of clinical measures to better serve the Japanese and Japanese-American population.

Categories: Cross Cultural Neuropsychology/ Clinical Cultural Neuroscience
Keyword 1: normative data
Keyword 2: executive functions
Keyword 3: test reliability
Correspondence: Aya Haneda, Roosevelt University, Chicago, Illinois, USA, amhaneda@gmail.com

---

7 Do Race and Educational Attainment Impact Subjective Reports of Cognitive Decline?

Bradley J Dixon, John L Woodard
Wayne State University, Detroit, MI, USA

Objective: To establish how participant and informant reports of cognitive decline may differ between groups or remain consistent based on race and level of education in a large, national sample.

Participants and Methods: Participants were selected using the National Alzheimer's Coordinating Center (NACC) database. Participants who were cognitively healthy at baseline and at least 65 years of age were selected. All informants either lived with the participant or visited the participant weekly (N = 9300). Participant racial groups included White American (n = 7534), Black American (n = 1453), Native American/Alaskan (n = 68), or Asian American (n = 239). Native Hawaiians were not included in this study, given the small sample size (n = 6). Participant education-levels included less than high school degree (n = 395), high school degree or GED (n = 1326), some post-secondary education (n = 1727), bachelor's degree (n = 2184), and graduate studies (n = 3668). Pairwise comparisons examined each racial and educational attainment group by subjective reports of cognitive decline using Bayesian contingency tables to find reliable evidence to support the null or alternative hypothesis. Participant and informant reports of decline were coded to create a single variable to express no reported decline, participant reported decline, informant reported decline, or agreed decline.

Results: Pairwise race comparisons found moderate evidence that Native Americans reliably reported cognitive decline differently than Black (BF10 = 6.973) and White Americans (BF10 = 3.634). In both cases, the Native American group reported more cases of decline than expected in all groups and reported no decline less than expected. Further analysis found very strong evidence for the null hypothesis when comparing White Americans with Black (BF01 = 60.506) and Asian Americans (BF01 = 65.72). A comparison of Black and Asian Americans found extremely strong evidence for the null hypothesis (BF01 = 199.464). No conclusive evidence was found when comparing reports of Native and Asian Americans (BF01 = 2.401). Pairwise comparisons of educational attainment with subjective reporting of cognitive decline found no evidence of reliable differences between groups. No conclusive evidence was found when comparing the reporting pattern of individuals with some post-secondary education and individuals who did not complete high school (BF01 = 1.257). Moderate evidence for the null hypothesis was found when comparing

individuals with a bachelor's degree with those who did not complete high school (BF01 = 8.57). Strong evidence for the null hypothesis was found when comparing individuals who did not complete high school with those who have studied at the graduate level (BF01 = 17.141) and those who completed high school (BF01 = 16.306). When making all other pairwise comparisons (BF01 > 100), there was extremely strong evidence for the null hypothesis.

Conclusions: These findings suggest that how participants and their informants report cognitive decline does not differ based upon educational attainment in almost all cases, and no evidence was found supporting differences based upon educational attainment. There is evidence that Native Americans/Native Alaskans and their informants report more cognitive decline compared to White and Black Americans. However, the findings suggest that White, Black, and Asian Americans do not differ in how participants and their informants report cognitive decline.

Categories: Cross Cultural Neuropsychology/ Clinical Cultural Neuroscience
Keyword 1: memory complaints
Keyword 2: cross-cultural issues
Keyword 3: neuropsychological assessment
Correspondence: Bradley J Dixon, Wayne State University, he3378@wayne.edu

---

8 The Dunning-Kruger Effect on a Latinx Population

Carolina Garza Castañeda[1], Matthew J. Wright[2], Raymundo Cervantes[3,2], Tara L. Victor[3], Krissy E. Smith[3,2], Chelsea McElwee[4], Adriana Cuello[2,5], Alberto L. Fernandez[6], Isabel D. C. Munoz[7], David J. Hardy[8], Daniel W. Lopez-Hernandez[9,2]
[1]Tecnológico de Monterrey, Monterrey, Nuevo León, Mexico. [2]The Lundquist Institute, Torrance, California, USA. [3]California State University Dominguez Hills, Carson, California, USA. [4]University of California Riverside, Riverside, California, USA. [5]Tecnologico de Monterrey, Monterrey, Nuevo Leon, Mexico. [6]Universidad Catolica de Cordoba, Center, Cordoba, Argentina. [7]California State University Northridge, Northridge, California, USA. [8]Loyla Marymount University, Los Angeles, California, USA. [9]University of California San Diego Health, San Diego, California, USA

Objective: Individuals tend to overestimate their abilities in areas where they are less competent. This cognitive bias is known as the Dunning-Krueger effect. Research shows that Dunning-Krueger effect occurs in persons with traumatic brain injury and healthy comparison participants. It was suggested by Walker and colleagues (2017) that the deficits in cognitive awareness may be due to brain injury. Confrontational naming tasks (e.g., Boston Naming Test) are used to evaluate language abilities. The Cordoba Naming Test (CNT) is a 30-item confrontational naming task developed to be administered in multiple languages. Hardy and Wright (2018) conditionally validated a measure of perceived mental workload called the NASA Task Load Index (NASA-TLX). They found that workload ratings on the NASA-TLX increased with increased task demands on a cognitive task. The purpose of the present study was to determine whether the Dunning-Kruger effect occurs in a Latinx population and possible factors driving individuals to overestimate their abilities on the CNT. We predicted the low-performance group would report better CNT performance, but underperform on the CNT compared to the high-performance group.

Participants and Methods: The sample consisted of 129 Latinx participants with a mean age of 21.07 (SD = 4.57). Participants were neurologically and psychologically healthy. Our sample was divided into two groups: the low-performance group and the high-performance group. Participants completed the CNT and the NASA-TLX in English. The NASA-TLX examines perceived workload (e.g., performance) and it was used in the present study to evaluate possible factors driving individuals to overestimate their abilities on the CNT. Participants completed the NASA-TLX after completing the CNT. Moreover, the CNT raw scores were averaged to create the following two groups: low-performance (CNT raw score <17) and high-performance (CNT raw score 18+). A series of ANCOVA's, controlling for gender and years of education completed were used to evaluate CNT performance and CNT perceived workloads.

Results: We found the low-performance group reported better performance on the CNT compared to the high-performance, p = .021, ηp² = .04. However, the high-performance group