Test of Premorbid Functioning
Integrating TOPF with the Wechsler Scales using Q Global

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What we’re covering today...
1. What is TOPF?
2. What is Q Global?
3. TOPF Materials and costs
4. Development and Uses of TOPF
5. Step by Step Instructions on how to score and generate TOPF/WAIS/WMS reports on Q Global
6. How to interpret TOPF data
7. Case Example
8. Questions

What is the TOPF?
Test of Premorbid Functioning: Estimate an individual’s premorbid cognitive and memory functioning
Originally part of the ACS Kit (Advanced Clinical Solutions for WAIS-IV and WMS-IV)
A revision of the WTAR (Wechsler Test of Adult Reading)
Now available as a stand-alone kit
What is Q Global?

Pearson’s online scoring and reporting platform

- 24/7 – secure, web-based platform you can access anywhere that you have internet connection
- No registration fee
- No installation of software/CD

TOPF Examples of Uses . .

- *forensic settings* to estimate pre-morbid functioning versus current cognitive and/or memory status for insurance/disability claims
- *older adults* comparing current cognitive status and memory skills to premorbid estimates, based on a combination of demographic data and TOPF scores in order to detect cognitive decline
- *traumatic brain injury* to estimate premorbid functioning to compare with current cognitive and memory status as part of a comprehensive assessment including executive functioning and social cognition.

What materials do I need?

Paper Materials
- TOPF Manual: $195.00
- TOPF Record Forms (25): $94.00
- TOPF Word Card: $36.00

Digital Materials
- Q Global TOPF Score Report: $5
- Q Global WMS IV Score Report: $5
- Q Global WAIS IV Score Report or Interpretive Report: $5/$5

*If you already have Q Global WAIS or WMS unlimited use licenses you are good to go!*
Test of Pre-Morbid Functioning (TOPF)

- Co-Normed with WAIS-IV and WMS-IV
  - n = 2152 / n = 1242
  - Age range 16-90
- Word List:
  - Revised WTAR (Wechsler Test of Adult Reading).
  - Higher ceiling than WTAR: more difficult words = an extended IQ range of predictability.
  - Theoretical range of 59-130
- Demographics:
  - Option to incorporate up to 13 demographic variables into the estimation equation
  - Gender, Years of Education, Occupation, Socio-Economic level, Socialisation, exercise participation, etc.

Dual Route Model of Reading (Max Coltheart 1985)

<table>
<thead>
<tr>
<th>Word</th>
<th>Phonological Route (Letter-Sound Rules)</th>
<th>Lexical Route (Whole Word)</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Mint”</td>
<td>(either route)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Wint”</td>
<td>(phonological only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Pint”</td>
<td>(lexical only)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOPF Word List

- "Pint": TOPF words have irregular grapheme to phoneme translation
  - Minimises the assessment of the client’s current ability to apply standard pronunciation rules
  - Maximises the assessment of previous learning of the word

Reading recognition is relatively stable in the presence of cognitive decline associated with normal ageing or brain insult
TOPF: things to keep in mind

- Word list not ideal for use with individuals with pre-morbid dyslexia or language disorders, paediatric brain trauma that may have affected normal acquisition of reading skills, or those not fluent in English.
- Word list not for use with clients with aphasia and/or alexia
- For these clients, use the demographic variable equation ONLY to predict pre-morbid functioning

TOPF Reliability

Using TOPF on Q Global
Assign the examinee the TOPF

Input administration date, examiner information, etc.

Input demographic data
Case Example: Bill C.

- Bill is a 62-year-old white male with 18 years of education, who was referred by his family physician for neurological evaluation subsequent to complaints of increasing memory loss over the past couple of years. His wife confirms that Bill seems more forgetful and this has led to missing appointments and failing to pay bills on time. Other family members note that Bill was very intelligent, but his intellectual skills seemed to be declining.

- In the report Bill is referred to as “Client C.”
Case Example: Bill C.

- Considering the WAIS-IV and WMS-IV together, Bill had five Index scores at or below the 25% base rate and three at or below the 10% base rate. Reviewing these scores with Bill’s background information, there is a high probability that this is an abnormal cognitive profile.

- The application of the premorbid predictions seems to confirm the family’s impression that Bill has lost some cognitive functioning.
Case Example: Bill C.

- Although Bob is performing similar to other adults based on age norms for the WAIS IV (FSIQ 103), when TOPF premorbid predictions are applied his regression in processing speed, general intellectual functioning, and memory becomes evident.
- The profile is likely to be abnormal, and may indicate mild cognitive impairment, or other neurological disorder.
- The clinician made a diagnosis of mild cognitive impairment to be followed up with additional testing in 6 months to assess any regression or change in symptoms, that would warrant a more definitive or specific diagnosis of dementia, such as Alzheimer’s, Parkinson, or other.

Comments or Questions?

Webinar: use the chat box, question box, or post webinar survey

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Thank You

ALWAYS LEARNING