

Boston Naming Test Replacement Item 48 (Boomerang) in a Clinical Sample

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INTRODUCTION

The Boston Naming Test (BNT; Kaplan et al., 1983) is a measure of language that assesses confrontation naming and is widely used in clinical neuropsychology. Item 48 contains problematic content (drawing of a noose) that is offensive and causes emotional distress for many examinees. There has been a growing consensus in the field that item 48 should no longer be administered.

OBJECTIVES

How should clinicians administer and interpret the BNT, considering that existing norms were collected with item 48? Multiple methods have been suggested, including not administering item 48 and scoring it as correct for everyone (Eloi et al. 2021), not administering item 48 and calculating a prorated total BNT score based upon administering 59 items instead of 60 (Zimmerman et al., 2022), and recently the test publisher (PRO-ED Inc.) issued a replacement item (boomerang) to be administered instead of the original stimulus. However, no new norms that include replacement item 48 have been reported. The goal of this study is to investigate performance on new replacement item 48 (boomerang) in a clinical sample.

METHODS

We administered both original item 48 (noose) and new replacement item 48 (boomerang) to a sample of 171 individuals referred for clinical neuropsychological evaluation to our outpatient practice. Black/African American individuals were not included in this study, given the increased potential for original item 48 to be offensive and distressing. Our sample was 45% female (77 of 171), with an average age of 62.6 years old (range 18–89; SD 15.3), and average education of 15.9 years (range 7–20; SD 2.5).

RESULTS

Our results indicated that our sample performed well overall on the BNT, with an average total score of 52.0 out of a total of 60 possible points using original item 48 (range 30-60; SD 6.9).

On original item 48 (noose), 88.3% (151 of 171) of our sample obtained a correct score. On replacement item 48 (boomerang), 74.3% (127 of 171) obtained a correct score.

Overall consistency between the two items was 76.6% (131 of 171 participants). A participant was categorized as consistent if they obtained both scores correct or both scores incorrect on the two items.

These results indicate that original item 48 and replacement item 48 are of similar difficulty in a diverse clinical sample.

CONCLUSIONS

In summary, our data indicates that performance on the new replacement item is consistent with performance on the original item roughly $\frac{3}{4}$ of the time. Considering the multiple potential methods for administering the BNT without original item 48, we believe substituting replacement item 48 represents the most efficient use of clinical time and resources, while giving the examinee the opportunity to demonstrate their performance on an item of comparable difficulty to original item 48.

In cases where the total score is marginal between two qualitative categories (e.g., average versus deficient) or where assessment of confrontation naming is of critical importance, examiners may also consider calculating the prorated total BNT score based on administration of 59 items as described by Zimmerman and colleagues (2020).

REFERENCES

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