Assessment of Malingered Psychological Symptoms: Standards of Practice

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Presentation Overview

1. Categories of Symptom Over-Reporting
2. Why do Examinees Malinger
3. How Common is Malingering
4. Common Malingering Myths
5. Accuracy of Psychologists/Psychiatrists at Detecting Malingering Based Upon Clinical Judgment
6. Defensible Detection Strategies for Malingering
7. Unique Challenges of Malingering Assessment in QME/AME Evaluations

Categories of Intentional Overstated Pathology

- Malingering: Intentional production of false or grossly exaggerated physical or psychological symptoms motivated by external incentives.
- Factitious Presentations: Intentional production of symptoms that is motivated by a desire to assume a sick role
- Mild Symptom Exaggeration: Cry for help or desire to make best case
- Feigning: Deliberate fabrication or gross exaggeration of psychological or physical symptoms without any assumptions about it's goals
  - More reliable diagnosis b/c anomalous symptoms rather than intent can most easily be assessed

Unintentional Causes of Overstated Pathology

Psychosomatic Disorder:

- Psychological factors unconsciously influence pain perception

Iatrogenic Affects of Legal Process:

- Impact of repetition of a traumatic events in litigation
- Unconscious attempt to use injury as mode of escaping life difficulties
- Activation of dependency Issues which increase psychological distress.

Models of Malingering

Pathogenic Model

- Feigning is caused by underling mental disorder.
- Not born out by research

Criminological Model

- Feigning or exaggerating symptoms is typically an antisocial act which is typically committed by antisocial persons.

Adaptational Model

- Claimants are presumed to exaggerate (or minimize) their symptoms based on rational self-interest
- Not static trait
- Most support by research

How Common is Malingering

Mittenberg 2002:

- Estimates of neuropsychological symptom exaggeration as high as 30% in personal injury cases, 20% in criminal cases, to a low of 8% for non-contested medical cases.

General Research Findings:

- Malingering exists in 15-17% of cases

Common Malingering Myths

- Malingering is a Trait vs. Context Driven Behavior
- Malingering precludes genuine disorders
- Malingering rates are the same across different types of evaluations
  - i.e. malingering exists significantly more in insanity cases than child custody
- DSM IV-TR diagnostic criteria for malingering is reliable
  - Inaccurate 4 out of 5 times in forensic settings (Rogers and Shuman, 2005)

How Good are Psychologists and Psychiatrists at Detecting Malingering From Clinical Interview Alone

- Experts in lie detection rarely do better than untrained lay persons (Vriji, 2008)
- 2006 meta-analysis of 193 studies: psychologists are only slightly more accurate in deception detection than are student research participants (62% accuracy compared with 54, respectively) (Aamodt and Custer 2006)
- Rosenhan study (1973): In this study eight individuals without mental illness admitted to 12 mental hospitals. All diagnosed with schizophrenia or bipolar and none discovered to be malingering.

So what does work?
Best Practice
Malingering Detection Strategies

Use of Multiple Sources of Information

Use of Psychological Tests Designed to Detect Malingering

- Many psychological tests do not detect feigning are no more objective than self-report (i.e. BDI-II, BAI)
- Some psychological tests having validity measures embedded in them (i.e. PAI, MMPI-2)
- Some psychological tests are developed to detect malingering (i.e. MFAST, SIRS, SIMS)

Use of Multiple Sources of Information

- Compare data from multiple sources of information, including self-reported symptoms, psychological tests results, records, and collateral interviews with individuals who closely know the examinee

- Significant inconsistencies between sources of information raise a red flag
  - i.e. if examinee reports severe and debilitating depressive symptoms, but these symptoms are not confirmed by psychological tests, medical records, or interviews with co-workers.

Empirical Strategies to Detect Neuropsychological Feigning

Floor Effect :

- Certain tests detect feigning based on cognitive research showing that certain tasks may seem difficult on their face, but are in fact easy for all individuals.
  - i.e. people are amazingly good at visual recognition tests even with severe cognitive impairment.

- When an examinee scores far below the expected level on one of these tests in comparison to individuals with severe cognitive impairment, this suggests feigning.

Empirical Strategies to Detect Neuropsychological Feigning

Performance Curve:

- Test includes a broad range of items, ranging from easy to difficulty. Nearly everyone gets the easy items right.
- Examinees feigning will not conform to a normal performance curve of getting less wrong with easy questions and more wrong with more difficult questions

Empirical Strategies to Detect Neuropsychological Feigning

Forced Choice Testing:

- Examinees are "forced" to choose between four potential responses.
- Given basic mathematical probability, even random choices would be expected to obtain 25% correct answers.
- If the examinee scores significantly below chance (and there are formulas to determine just how unlikely such scores are), it provides compelling evidence that they are deliberately choosing an incorrect answer.

Empirical Strategies to Detect Psychological Symptom Feigning

Identifying Rare Symptoms:

- Certain symptoms are very rarely endorsed in true clinical populations. (i.e. examinee seeing Satan and his wife as conjoined twins.)
- Individuals feigning may indiscriminately endorse these symptoms, because they do not know which symptoms are not typically endorsed by individuals with true psychopathology.
- As an increasing number of rare symptoms are endorsed, it becomes progressively more likely that the symptoms are being feigned.

Empirical Strategies to Detect Psychological Symptom Feigning

Identifying Rare Symptom Combinations:

- Identifies symptoms which rarely exist in combination but may be reported by individuals feigning who do not know which psychological symptoms rarely co-exist together.
  - I.e. generalized anxiety and over-sleeping

Empirical Strategies to Detect Psychological Symptom Feigning

Subtle vs. Obvious Symptoms

- Endorse obvious symptoms but fails to endorse subtle symptoms
  - i.e. person claiming PTSD endorses flashbacks but not avoidance of trauma related stimuli.

Reported Versus Observed Symptoms

- Symptoms reported do not conform with behavioral observations or records detailing life activities
  - i.e. man reporting severe depression, is noted to go dancing on Fridays in records.

Thank you for the Opportunity to Present

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