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Comparison of Multiple Scoring Methods for Rey's Malingered Amnesia Measures

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The predictive accuracy of Andre Rey's malingered amnesia measures (Memory for Fifteen Items and Word Recognition List) was examined. Discriminant function and crosstabulation analytic strategies were applied to predict membership in either a traumatically brain injured group (n = 60) or in a litigated minor head injury group claiming permanent severe disability (n = 90). Satisfactory hit rates were achieved with Rey's original scoring methods, but improved hit rates were obtained with scoring modifications. Removal of dense amnesiacs from the sample resulted in even better hit rates. Rey's measures appear to be valid for the assessment of cognitive malingering in settings where litigated disability claims are out of proportion to injury characteristics. Rey's measures are not appropriate for globally and severely impaired patients in clinical settings.

Lezak (1983) introduced the American neuropsychology community to the malingered amnesia measures of French neuropsychologist Andre Rey. These measures include the Fifteen Item Memory Test (Rey-15) and the Word Recognition List (WRL). The Rey-15 is a visual immediate memory test that was first described in Rey (1964). Psychometrically, it is a very easy task that requires immediate drawn reproduction of overlearned number, letter, and shape series. Rey suggested a score of three rows (nine items) or less as suggestive of feigned amnesia. The WRL is a verbal immediate recognition memory task (Rey, 1941). The WRL was specifically designed to discriminate "traumatic encephalopathy" from factitious brain injury. A finding of WRL words recognized equal to or less than words recalled on the first trial of Rey's Auditory Verbal Learning Test (AVLT) signals feigning of memory deficit. Rey created these measures on a face valid and rational basis. He did not employ an empirical validating strategy.

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There have been a number of clinical trials testing the validity of the Rey-15. Guilmette, Hart, Giuliano, and Leininger (1994) examined the sensitivity of the Rey-15 to volunteer simulation of organic amnesia. The authors found Rey-15 performance to be worse in individuals with mixed forms of severe brain damage than in volunteer dissimulators. Schretlen, Brandt, Krafft, and Van Gorp (1991) found litigating minor accident victims to score poorer on the Rey-15 than individuals with major head injuries, but they also found depressed Rey-15 performance in anoxic patients with severe memory and other cognitive deficits. Unfortunately, Schretlen et al.'s sample size for suspected fakers was low, making generalization difficult. Greiffenstein, Baker, and Gola (1994) found the Rey-15 to have acceptable sensitivity and specificity in separation of real TBI from factitious brain injury, but only one scoring method was tested. There has been one clinical trial of the WRL (Greiffenstein et al., 1994), but only one scoring method was examined.

There are two basic methods for validation of malingered amnesia measures, termed *simulation* and *known group* methodologies (Rogers, 1990). Simulation methodology involves administering putative faking measures to nonclinical volunteers asked to fake a serious brain disorder. Known group methodology involves selection of individuals who are strongly suspected on clinical grounds of manufacturing severe disability (Binder, 1993; Binder & Willis, 1991). Known group studies are preferable because results are more generalizable to real samples, as opposed to the limited generalization that can be made from the college student samples used in the typical simulation study. The main problem with the known group method is the absence of reliable and uncontaminated criteria for malingering. The grouping criteria stated in known group analyses are often vague and difficult to replicate in an independent laboratory. Descriptions such as "nine malingerers, classified on the basis of independent clinical judgement" (Rogers, 1988) and "suspected faking" (Schretlen et al., 1991) are stated without any guidelines as to how these determinations are made. In addition, the danger of criterion contamination is not addressed. Criterion contamination results when the methods used to construct comparison groups overlap with the dependent measures. The result is illusory correlation and confirmatory bias.

Greiffenstein, Baker, and Gola (1994) developed criteria for assignment of malingering status to real world clients that are reliable, replicable, and distinct from the malingering measures being validated. This method can be termed *convergent improbable outcome selection*. The method involves identification of healthy but litigating postconcussion cases who present with more than one improbable outcome. For example, vocational and educational status in a prospective series of mild traumatic brain injury is not different from that of controls at 1 year follow-up (Dikmen, Temkin, Machamer, Holubkov, Fraser, & Winn, 1994; McLean, Dikmen, & Temkin, 1993). Thus, a claim of minor head trauma being the proximate cause of joblessness a year later can be termed an improbable outcome. Cognitive recovery in minor head trauma takes place between 3 days to 1 month (McClellan, Temkin, Dikmen, & Wyler, 1983; Ruff et al., 1989), with more complex attention recovering by 12 weeks in more severe cases of mild head injury (up to 24 hours of PTA; Gronwall & Wrightson, 1974). Thus, very poor neuropsychological test scores more than 1 year after MHI can also be termed an improbable outcome (Larabee, 1990). There is nothing new about this concept. Neurologists have long used such a "discrepancy method" to detect malingerers (Adams & Victor, 1993), the detection of mismatches between a patient's behavior and their disease histories. It is argued that the joint occurrence of improbably poor test performance (relative to documented severe TBI) with other improbable outcomes in the compensation seeking postconcussion patient justifies classification as probable malingering (PM).

A more thorough evaluation of Rey's tasks with large sample sizes appears to be appropriate at this point in the evolution of neuropsychology as an applied science. Serious ques-

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