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The Detection of Simulated Malingering Using a Computerized Category Classification Test

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A category classification test was used to differentiate between normal student control participants, students instructed to malingering a memory deficit, and amnesic patients. Controls (N = 44) and amnesic patients (N = 10) were instructed to do their best, while simulators of malingering (N = 43) were instructed to fake a memory deficit for credit and possible financial compensation. Participants studied a list of high distortions of a prototype dot pattern and were then asked to choose whether or not a new set of dot patterns (random patterns, high distortions, low distortions, and the prototype) belonged to the same category of dot patterns as studied. Malingerers performed significantly worse than normal controls and amnesic patients. A discriminant function analysis showed that the classification test can be used to correctly classify participants as simulated malingerers, controls, or amnesic patients significantly higher than chance. These results indicate that a category classification test can be used in the detection of simulated malingering and that some tests of implicit memory provide a potential supplement to standard forced choice tests in the detection of malingering. © 1997 National Academy of Neuropsychology

THE DETECTION OF SIMULATED MALINGERING USING A COMPUTERIZED CATEGORY CLASSIFICATION TEST

Neuropsychologists are frequently asked to assess individuals reporting emotional and/or cognitive impairments following head injury. The most common cognitive complaint after head injury is memory impairment. In such cases where there is a possibility of malingering, the typical assessment has involved the administration of tests of explicit memory. Such tests require the conscious recollection of information that has a personal and/or temporal context. Among the tests used to detect malingering of memory impairment are the Wechsler Adult Intelligence Scale-Revised (Rawling & Brooks, 1990), Wechsler Memory Scale (Rawling & Brooks, 1990), Portland Digit Recognition Test (Binder, 1993), Rey Auditory Verbal Learning Test (Bernard, 1990, 1991), and the Rey 15-item visual memory test (Bernard & Fowler, 1990). Of these tests, the most commonly used is the forced choice recognition test (Binder,

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1990; Frederick & Foster, 1991; Hiscock & Hiscock, 1989; Pankratz, 1983). On a forced choice recognition test clients choose between two possibilities, thus making chance performance approximately 50% correct. A score significantly below chance is indicative of malingering (Binder, 1990; Pankratz, 1983). However, the majority of suspected malingerers will not score below chance (Binder, 1993). Accordingly, empirically based "cut-off scores" are also frequently used to distinguish malingerers from individuals having genuine memory deficits. When this method is used, the achievement of a score below the cut-off, but not significantly below chance, provides a basis for suspecting malingering.

The "deficit" demonstrated by the malingerer's score on the forced choice test, as well as other explicit memory tests, is in the same direction as that of a genuinely memory impaired patient, albeit more severe than would be expected. This overplaying of the memory deficit on the part of malingerers reflects their misconception of how a truly memory impaired individual would perform. Recently, further advantage was taken of the layperson's misconception about the nature of the memory impairment that characterizes the amnesic syndrome by administering controls and simulators of a memory impairment a test of implicit memory—a domain of memory that does not depend on conscious awareness and includes such phenomenon as skill learning, habituation, classical conditioning, and priming (Davis, King, Klebe, Bajzar, Bloodworth, & Wallick, *in press*). Specifically, participants were administered two word stem priming tests. Participants were induced to study a set of words without being told that later they would be presented with a word stem and asked to respond with the first word that popped into mind. Simulators completed significantly fewer word stems and demonstrated selectively longer response latencies for words previously presented than control participants. In contrast, amnesic patients perform normally on this task when they are instructed to complete word stems with the first word that pops into mind, yet are severely impaired when asked to recall the words previously studied (Graf, Squire, & Mandler, 1984).

Few studies have addressed the potential of implicit tests as an assessment technique for detection of malingering, probably because in previous studies mixed results were obtained. For example, Williamsen, Johnson, and Eriksen (1965) reported normal priming in participants with posthypnotic amnesia, but impaired priming in simulators of posthypnotic amnesia. In contrast, Wiggins and Brandt (1988) found that simulators of global amnesia and control participants exhibited similar priming effects on an immediate word stem completion task. This finding seems somewhat surprising because simulated malingerers would not be expected to know that amnesiacs perform at normal levels on priming tasks, and therefore, the simulated malingerers should perform more poorly than control participants. Simulators have an incorrect perception about how to perform on implicit memory tasks, and error by performing poorly. Thus, simulators show a misconception of how an amnesic patient will perform on an implicit memory test, and indeed, perform poorly on a test where normal performance would be expected for a memory impaired individual (Davis et al., *in press*). Accordingly, they might overplay their role to such an extent that they would perform poorly on a variety of implicit memory tests where normal performance by amnesic patients would be expected. To examine this idea and extend the investigation of malingering to another implicit memory test, the performance of simulators of a memory deficit, control participants, and amnesic patients was examined on a category learning test.

The category classification test used in this study was originally reported by Knowlton and Squire (1993). It was found that amnesic patients and control participants performed similarly when asked to classify novel dot patterns as to whether or not they belonged to the same category as a set of training patterns. This finding and other reports of normal category classification learning by amnesic patients (Kolodny, 1994) provide support for the view that category classification is an example of implicit memory that is independent of explicit memory. Accordingly, it is predicted that simulators of a memory deficit will perceive the

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