Malingering on the RAVLT
Part I. Deterrence strategies

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Abstract

The effect of warning regarding detection of malingering on the Rey Auditory Verbal Learning Test (RAVLT) was examined in this study. Sixty undergraduate students were randomly assigned to one of four conditions: malingerers, malingerers-with-warnings, warning-only, and control. An incentive that appeared differential, but was an actual constant reward, was offered to participants who could fake in a believable manner (for those in malingering conditions), or to those who performed to the best of their ability (non-malingering conditions). It was predicted that warning participants about the possibility that faking could be detected would modify the behaviour of malingerers, but not those instructed to perform to the best of their ability. Warning had no effect on behaviour in either condition, which was consistent with expectations for the warning-only group, but not for the malingering group. Results are discussed in terms of the ethical and legal issues associated with malingering in neuropsychological practice. © 2001 National Academy of Neuropsychology. Published by Elsevier Science Ltd.

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1. Introduction

The American Psychiatric Association (1994) defines malingering as intentional production of negative physical or psychological symptoms. Malingering is differentiated from factitious, conversion, and somatoform disorders by the presence of an external incentive.

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The American Psychiatric Association lists the following examples of external incentives, avoidance of work or military duty, evading criminal prosecution, or the attainment of financial compensation. This definition suggests individuals seeking to avoid undesirable outcomes or gain beneficial outcomes may be motivated to exaggerate or fabricate deficits, including cognitive impairment.

Much of the research on malingering in neuropsychology has focussed on methods of detecting malingering (see Haines & Norris, 1995; Nies & Sweet, 1994; Rogers, Harrell, & Liff, 1993, for reviews). For example, there have been numerous investigations attempting to determine effective ways of detecting malingering, or seeking to identify the strategies that malingerers use when attempting to avoid detection (e.g., Haines & Norris, 1995). However, there has been much less research on factors that might mediate or reduce malingering behaviour. Of those studies that have explored factors that may reduce malingering behaviour, the main variable of interest has been the effect of warnings on malingering (e.g., Johnson & Lesniak-Karpiak, 1997). The importance of furthering our understanding of this issue is clear, given that in clinical settings neuropsychologists may be ethically obliged to obtain full and informed consent from clients, including acknowledgment that methods of detecting malingering may be employed during assessment (Johnson & Lesniak-Karpiak, 1997).

Research in the area of malingering has typically involved the use of volunteers asked to simulate abnormal performance on psychological tests (Nies & Sweet, 1994). However, a number of criticisms have been made of studies using analogue designs that need to be understood in order to evaluate research in this area (e.g., Haines & Norris, 1995). Perhaps most importantly, simulation studies have been criticised for their lack of generalisability (Haines & Norris, 1995; Rogers & Cruise, 1998). This criticism has been attributed to motivational differences between study participants and clients seeking financial reward through litigation, and also because the strategies used in studies investigating malingering may not parallel those used in clinical practice (Bourg, Connor, & Landis, 1995). The American Psychiatric Association’s definition of malingering highlights the need to incorporate a motivational element in malingering-simulation research, to replicate external incentives perceived by the clinical population (Binder & Pankratz, 1987; Nies & Sweet, 1994). In recognition of this, Nies and Sweet (1994) have recommended the inclusion of incentives in malingering research. They also recommend informing malingerers of a reward for faking credibly to provide an appropriate model of the clinical situation in which malingering is most likely to occur.

Second, malingering-simulation research has been criticised on the grounds that the methods used to induce simulation may not have provided adequate information about symptoms of the group being simulated to ensure realistic faking (Nies & Sweet, 1994). That is, simulation studies require that participants know how to “fake-bad”. However, it should be noted that the extent to which knowledge of symptoms needs to be induced might depend on the type of symptoms being simulated. For example, responses from almost 100 untrained examinees asked to endorse symptoms associated with depression using self-report questionnaires satisfied diagnostic criteria for this illness, compared to 63.3% of the sample endorsing symptoms of mild brain injury and meeting relevant diagnostic criteria (Lees-Haley & Dunn, 1994). This suggests that affective disorders might be easier for naïve subjects to simulate than cognitive deficits. Inducement in malingering studies is usually achieved by
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