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# Malingering on subjective complaint tasks An exploration of the deterrent effects of warning

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## Abstract

Assessing patient's subjective experience of illness is an important component of neuropsychological assessment. This information can be assessed using standardized self-reported complaint (SRC) checklists and may have specific applications in the assessment of malingering. Previous research suggests that subjective complaints can be faked under some circumstances, however, the extent to which this occurs when assessments are made using standardized SRC measures is less well understood. In addition, if complaints can be faked, this raises the question: What might reduce the likelihood of faked symptom reports? In this study, we randomly allocated 60 first-year undergraduate subjects to one of the three conditions: malingering, malingering-with-warning, and control. Using a repeated-measures analogue design, we assessed differences between groups on selected SRC measures. The measures used were the Neuropsychological Symptoms Checklist (NSC), the General Health Questionnaire-30 (GHQ-30), and the Depression, Anxiety, and Stress Scales (DASS). We expected to find that SRC measures would be vulnerable to faking, but also that warning malingerers about the possibility of detection would reduce faking behavior. Further, control group scores on SRC measures were calculated to produce preliminary complaint base rate data for these tests. Our results showed that SRC measures were vulnerable to faking. In addition, contrary to expectations, we found that warnings did not significantly deter malingering, although we observed that a trend in the expected direction and future studies with a larger sample size or a modified warning may be needed to further investigate warning efficacy. Broader implications of these findings are discussed in light of deterrence theory and recent debate over the use of SRC measures in the assessment of malingering.

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## 1. Introduction

The extent to which tests of ability such as memory can be faked has been the focus of much research in neuropsychology (Gouvier, Hayes, & Smirolfo, 1998; Haines & Norris, 1995; Kropp & Rogers, 1993; Rogers, Harrell, & Liff, 1993; Vickery, Berry, Hanlon Inman, Harris, & Orey, 2001). These studies have attempted to assess the vulnerability of various objective measures of ability to malingering or symptom exaggeration (e.g., van Gorp et al., 1999). However, few studies have explored the vulnerability of measures of self-reported complaint (SRC) to malingering, even though these measures may also be used as part of neuropsychological assessment and generate information that may be used for a range of important clinical decisions. For example, information about SRCs may be used to inform decisions about which tests of ability should be administered (Lezak, 1995), and may contribute to the formulation of clinical impressions and diagnoses (Gouvier, Cubic, Jones, Brantley, & Cutlip, 1992; Lees-Haley & Brown, 1993; Loring, 1995). In addition, SRC data may have a specific role facilitating the detection of malingering, for instance, through identification of inconsistent symptom—*injury or complaint*—performance relationships. This raises an interesting question about the extent to which measures of subjective complaint can be faked and whether there are ways of reducing faked symptom reports.

To establish the importance of understanding how malingerers behave on measures of SRC, it is important to consider how this information might be used to detect malingering. Indeed, the question of whether and how subjective complaint information might be used to assist clinicians to detect malingering is a matter of some debate. Although Loring (1995) has argued that SRC data is not likely to help clinicians discriminate between malingering and genuine head-injured persons, others have suggested that such information can help identify fakers (e.g., Sbordone, Seyranian, & Ruff, 2000). There are at least two main arguments put forward by those who favor the use of subjective complaint data as an aid to the detection of malingering. First, it has been suggested this information can be used to identify suspicious patterns of complaint such as indiscriminate symptom endorsement, blatant symptom admission, inconsistent symptom report over time, endorsement of improbable symptoms either overall (e.g., difficulty seeing green shapes only), or in the context of the presenting problem (e.g., reporting being completely paralyzed in one leg after a mild concussive episode; Kropp & Rogers, 1993). In these examples, it is argued that analysis of subjective complaint data itself may be used as an indicator of possible malingering.

The second reason given in support of using subjective complaint data in assessments of malingering is that this information may be used in conjunction with objective test data to corroborate test findings and identify discrepancies between reported symptoms and performance on objective tasks (Sbordone et al., 2000). Indeed, it is the combined use of objective and subjective data, rather than the interpretation of any single test in isolation, which has been suggested as providing the most appropriate basis from which to make an inference of probable malingering (Loring, 1995).

Among those who argue against the use of subjective complaint information to detect malingering, at least three main concerns have been raised. These are the “base rate” concern, the problem associated with “causation,” and the vulnerability issue. The first concern is that

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