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Diagnostic accuracy of the Structured Inventory of Malingered Symptomatology (SIMS) in detecting instructed malingering

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Abstract

This article addresses the psychometric properties of the Dutch translation of the Structured Inventory of Malingered Symptomatology (SIMS) when administered to undergraduate psychology students as well as psychiatric inpatients. Findings show that this SIMS version possesses good test–retest reliability and internal consistency. Also, simulation findings indicate that undergraduate students instructed to simulate pathology display higher SIMS scores than either normal controls or psychiatric inpatients. Data pooled over several samples ($n = 298$) yielded sensitivity, specificity, and positive predictive power (PPP) rates that were all relatively high (≥ 0.90). All in all, our findings provide a basis for cautious optimism regarding the usefulness of the SIMS as a screening tool for malingering.

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1. Introduction

The Structured Inventory of Malingered Symptomatology (SIMS; Smith, 1997; Smith & Burger, 1997) is a self-report measure designed to screen for malingering of psychiatric symptoms (e.g., depression and psychosis) and/or cognitive impairments (e.g., low intelligence and memory complaints). The SIMS consists of 75 dichotomous (i.e., true–false) items that

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can be grouped into five subscales, each subscale containing 15 items. Subscales tap malingered symptoms in several areas. More specifically, they focus on the following domains: low intelligence (LI), affective disorders (AF), neurological impairment (N), psychosis (P), and amnesic disorders (AM). Strategies used to detect deviant or malingered response patterns include endorsement of bizarre experiences (e.g., “Sometimes my muscles go limp for no apparent reason so that my arms and legs feel as though they weigh a ton” from the N scale), highly atypical symptoms (e.g., “At times, I am so depressed I welcome going to bed early to ‘sleep it off’” from the AF scale), and Ganser-like (i.e., approximate) answers (e.g., “If you have US\$1.50 and I take fifty cents away, you will have 75 cents left” from the LI scale).

A number of analog studies have looked at the accuracy with which the SIMS detects malingered symptomatology (Edens, Otto, & Dwyer, 1999; Rogers, Hinds, & Sewell, 1996; Smith & Burger, 1997). These studies found relatively high sensitivity and specificity rates, which suggest that the SIMS is a promising instrument. For example, Smith and Burger (1997) instructed undergraduates to feign in a convincing manner LI, AF, N, P, or AM. Performance of the malingering groups on the total SIMS and the SIMS subscales were compared to those of a control group. Using a cutoff of 14 for the SIMS total score, the authors found that 96% of the malingerers (sensitivity) and 88% of the controls (specificity) were correctly classified. However, sensitivity and specificity rates of the separate SIMS subscales were generally lower, which lead the authors to conclude that the SIMS total score is a good overall indicator of malingering, while SIMS subscale scores only provide qualitative information about the type of symptoms that individuals try to feign.

Edens et al. (1999) reached a similar conclusion. In their study, students completed the SIMS twice. On one occasion, students were instructed to answer SIMS items honestly, while on the other occasion they were told to convincingly fake psychotic, depressive, or cognitive dysfunction symptoms. Again, high sensitivity and specificity rates were found for SIMS total scores (96 and 91%, respectively), whereas those of the subscale scores remained relatively low. Edens et al. also noted that specificity of the SIMS total scale dropped for those individuals who reported high levels of current psychopathology (as measured by the SCL-90). That is, using a cutoff of 14, the SIMS total scale misclassified 22% of the high SCL-90 nonmalingerers. Accordingly, the authors conclude that “higher cutoff scores ultimately may be needed to increase specificity” (Edens et al., 1999, p. 395).

In their study on adolescent offenders, Rogers et al. (1996) had their subjects fill in the SIMS twice: once under honest and once under feigning conditions. The authors calculated positive predictive power (PPP) and negative predictive power (NPP) for the SIMS. PPP refers to the probability that an individual with a score that exceeds the cutoff is a malingerer, while NPP refers to the probability that an individual with a score below the cutoff is an honest responder. Using a cutoff point of 16 for the SIMS total scale, Rogers et al. found a PPP of 0.87 and a NPP of 0.62. The authors argued that the relatively high PPP rate is encouraging and shows that the SIMS might, indeed, be an effective screening device. On the other hand, the relatively low NPP rate indicates that at least in this sample, a high frequency of false-negatives (malingerers who were classified as honest responders) occurred. This finding argues for the use of the SIMS as a trigger for a full evaluation—not for the actual determination of malingering. The sensitivity and specificity rates for the SIMS that can be derived from the Rogers et al.

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