A validation of multiple malingering detection methods in a large clinical sample

John E. Meyers a,*, Marie E. Volbrecht b

aMercy Rehabilitation Clinic, 500 Jackson Street, Ste 360, Sioux City, IA 51101, USA
bSioux Valley Hospital, Sioux Falls, SD, USA

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Abstract

The purpose of this study is to further previous research that has shown that common neuropsychological tests can do “double duty” as test of motivation/malingering. Using a large clinical sample of 796 participants, it was found that the nine neuropsychological tests (when used together) were able to correctly identify litigant and nonlitigating groups. Failure on any two of the malingering tests suggested motivational/malingering issues. The groups consisted of mild, moderate, and severe traumatic brain-injured patients; chronic pain, depressed, community controls, and “malingering actors.” Institutionalized and noninstitutionalized patient performance were also examined. This method showed 83% sensitivity and 100% specificity. A 0% false positive rate was found, suggesting good reliability especially in litigating settings. A group of patients for whom this method of motivational assessment might not be appropriate was also identified.

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1. Introduction

It has long been the authors’ opinion that tests of malingering are (unfortunately) a necessary part of a neuropsychological assessment, and that the validity of the neuropsychological tests used in the profile need to be checked for validity. It has been well reported by other
authors (Goebel, 1983; Greiffenstein, Gola, & Baker, 1995; Heaton, Smith, Lehman, & Vogt, 1978; Iverson & Binder, 2000; Meyers & Diep, 2000; Meyers & Volbrecht, 1998a; Oberg, Udessen, Thomsen, Gade, & Mortensen, 1985) that not all malingerers perform identically on neuropsychological tests. The assessment of malingering has been approached in many ways.

Slick, Sherman, and Iverson (1999) claimed that the pattern of performance method (PPM) is probably the most effective way to detect malingering with standard neuropsychological evaluations. PPM involves comparing several test scores with performance on a single test to assess validity. At least four procedures for detecting malingering have been found that can be considered PPMs. The first one was described by Slick et al. and involves inspecting performance on “floor” items for uncommon mistakes, such as forgetting one’s own name. Similarly, scores for easy items are compared to scores on more difficult items, or performance curves across varying levels of difficulty are examined. A second variation of this method involves examination of scores within or across tests for consistency with established patterns of function or impairment within a certain area. Examples of this include unusual patterns of serial position effects in list learning and other memory tests (Bernard, 1991; Russell, Spector, & Kelly, 1993), comparison of recall to recognition (Beetar & Williams, 1995; Bernard, 1991; Binder, 1992), and comparison of tasks dealing with attention and memory indices (Mittenberg, Arzin, Millsaps, & Heilbronner, 1993). A third PPM is after-the-fact statistical evaluation of scores obtained and established contrast groups such as actor malingerers, probable malingerers, and nonlitigating patients. A fourth variation of PPM that is more recent is the evaluation of magnitude of errors, that is, errors that are more than would be expected given the reported injury.

Specific assessment tasks to detect malingering have been developed, such as the Forced Choice Test (FC; Hiscock & Hiscock, 1989) and its later variant, the Portland Digit Recognition Test (Binder, 1993). Although these specific malingering tools may be useful, they may also be inadequate for several reasons. First, these tests typically are employed solely for the detection of malingering. They are not useful for other neuropsychological interpretive purposes. If tests currently in common use for the purpose of neuropsychological assessment could do double duty and also detect malingering, this would be a more efficient procedure. In the current climate of managed health care and accountability, it is clear why this efficient method to conserve valuable resources could be advantageous. Second, some authors have reported that even in a forensic context where secondary gain for symptom production or exaggeration is obvious, specific tasks for malingering are not commonly utilized (Lees-Haley, Smith, Williams, & Dunn, 1996) despite evidence that without such instruments, “clinicians are often oblivious to malingering” (Binder & Rohling, 1996, p. 10). Third, individuals who malinger do not necessarily do so in a consistent manner, but rather, attempt to malinger different types of impairment (Goebel, 1983; Greiffenstein et al., 1995; Heaton et al., 1978; Meyers & Volbrecht, 1998a; Oberg et al., 1985). For example, while one individual may fake or exaggerate a visual perceptual problem, another may malinger reduced motor speed. These differential malingered impairments, just as actual impairments, would thus be better detected by techniques specific to the nature of the alleged dysfunction rather than one global measure of malingering. Fourth, recent findings indicate that individuals who are cognizant of the possibility of the evaluation for malingering during neuropsychological testing recognize the forced-choice format as an attempt to do so (Suhr & Gunstad, 2000). Finally, as Bernard, Houston, and Natoli (1993)
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