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The Test of Memory Malingering (TOMM): normative data from cognitively intact, cognitively impaired, and elderly patients with dementia

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Abstract

This research adds to the psychometric validation of the Test of Memory Malingering (TOMM) by providing data for samples of elderly patients who are cognitively intact, cognitively impaired (non-dementia), and with dementia. Subjects were 78 individuals referred for evaluation of memory complaints. Significant group differences emerged between the dementia group and the two other groups (normals and cognitively impaired), although the latter two did not differ from each other. One hundred percent of normals and 92.7% of the cognitively impaired group made fewer than five errors (the suggested cut-off) on Trial 2 or the Retention trial of the TOMM, yielding an overall correct classification rate of 94.7%. However, the rate of misclassification for persons with dementia was high whether using a cut-point score of five, eight, or ten errors. This investigation extends the validity and clinical utility of this instrument. Results suggest that the TOMM is an useful index for detecting the malingering of memory deficits, even in patients with cognitive impairment, but only when dementia can be ruled out.

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The detection of malingering or purposeful exaggeration of symptoms is a complex and critical issue that neuropsychologists may encounter, especially in the medicolegal arena. The *Diagnostic and Statistics Manual of Mental Disorders—Fourth Edition (1994)* defines malingering as,

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“... the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives such as avoiding military duty, avoiding work, obtaining financial compensation, evading criminal prosecution, or obtaining drugs.” (p. 683)

Patients who malingering symptoms are motivated by an external incentive. Common incentives include receiving compensation, avoidance of responsibility, threat of punishment, or retaliation. The possibility of symptom exaggeration or feigning should be objectively examined when: (1) the patient presents in a medicolegal context such as litigation or application for disability; (2) identifiable incentives for exaggeration are present; (3) symptoms do not make medical, neuropsychological, or psychological sense; (4) the claimed disability is in excess of objective findings; (5) a lack of cooperation during the evaluation occurs; (6) inconsistencies between complaints and behavior are observed; or, (7) contradictions between self-report and medical records are present. The issue of detecting exaggerated or deliberately faked cognitive impairment is paramount in many clinical, medicolegal, and forensic cases. Assessment results often determine whether a patient receives financial or personal gains, or determines the initial course of treatment.

Recent times have seen the increased involvement of neuropsychologists in various forensic contexts. This has incited considerable discussion regarding the detection of malingering in the research literature (e.g., Franzen & Iverson, 1997; van Gorp et al., 1999; Gouvier, Hayes, & Smiroldo, 1998; Hartlage, 1998; Heubrock & Petermann, 1998; Pankratz & Binder, 1997; Slick, Sherman, & Iverson, 1999; Williams, 1998), while a plethora of formulas and actuarial effort assessment tools have been developed and put to the empirical method (e.g., Donders, 1999; Frederick & Crosby, 2000; Golden & Grier, 1998; Green, Iverson, & Allen, 1999; Grote et al., 2000; Iverson, Slick, & Franzen, 2000; McKinzey, Podd, Krehbiel, Mensch, & Trombka, 1997; McKinzey & Russell, 1997; Meyers & Volbrecht, 1999; Mittenberg, Rotholz, Russell, & Heilbronner, 1996; Reitan & Wolfson, 1998; Scott-Killgore & DellaPietra, 2000).

One such actuarial assessment of testing effort is the Test of Memory Malingering (TOMM), originated by Tombaugh (1996). The TOMM is a 50-item recognition test designed for adults to discriminate between true memory-impaired patients and malingerers. The initial validation studies of the TOMM (see Rees, Tombaugh, Gansler, & Moczynski, 1998; Tombaugh, 1996, 1997) indicate that this instrument is a useful test for detecting exaggerated or malingered memory impairment. Using a criterion cut-off score of 45 on Trial 2 (i.e., 90% correct responding), Tombaugh's investigations (see Rees et al., 1998; Tombaugh, 1996, 1997) revealed correct classification of 95% of all non-demented patients as not malingering. A specificity of 91% was achieved when considering all patients, including those with dementia. Specificity was 100% in an experiment of controls versus simulated malingerers when the same cut-point strategy was employed. In a separate investigation, Tombaugh assessed the performance of patient controls, cognitively intact controls, and litigating versus non-litigating TBI patients on the TOMM. Results indicated that the litigating TBI group scored significantly lower than the other groups, while the non-litigating TBI patients did not differ from controls.

Tombaugh's initial validation studies of the TOMM support the validity and clinical utility of this instrument in detecting cognitive malingering. However, our review of the literature revealed no other published studies assessing the psychometric properties of this test or its clinical utility; the only studies published to date appear to be authored by the test originator and

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