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Performance of forensic and non-forensic adult psychiatric inpatients on the Test of Memory Malingering

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Abstract

This study compared performance on the Test of Memory Malingering (TOMM [Tombaugh, T. N. (1996). *Test of Memory Malingering (TOMM)*. New York: Multi Health Systems]) between a Forensic Psychiatric group and a Non-forensic Psychiatric group of 20 men each. It was hypothesized that the Forensic group would perform less well on the TOMM due to greater secondary gain for that population. The Forensic group (age, $M=32.65$ years; 16/20 were minorities) was composed of inpatients from a forensic psychiatric facility who had been referred for pre-trial evaluations. The Psychiatric group (age, $M=41.00$ years; 15/20 were Caucasian) were chosen from an inpatient psychiatric facility and had no pending legal involvement. As hypothesized, the Psychiatric group performed significantly better than the Forensic group on all TOMM trials. A TOMM score of below 45 on Trial 2 or the Retention Trial is consistent with probable response bias. Only one member of the Psychiatric group (the same individual) met this criterion, whereas seven members of the Forensic group met this criterion. The TOMM identified patients with pending legal charges as more likely to exert less effort than those with no obvious secondary gain.

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Several researchers have noted the importance of assessing malingering in the medicolegal setting because of potential secondary gain (e.g., Iverson & Binder, 2000). The Test of Memory Malingering (TOMM; Tombaugh, 1996), a 50-item, forced-choice, visual recognition test, was

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used to compare performance between a forensic inpatient psychiatric group (Forensic) and an inpatient psychiatric group (Psychiatric). Two learning trials and a retention trial comprise the TOMM, with feedback provided for each trial (Tombaugh, 1996). A score below 45 on Trial 2 or the Retention Trial is consistent with probable response bias and would contribute to the impression of probable malingering of neurocognitive dysfunction (Slick, Sherman, & Iverson, 1999).

The detection of malingering is a difficult one. Yet, forensic examiners are faced with this task routinely. This study was conducted to examine the usefulness of the TOMM as an instrument to aid in the detection of malingering in forensic psychiatric evaluations. It was hypothesized that significantly lower scores would be demonstrated by the Forensic group because of greater secondary gain (e.g., avoidance of criminal proceedings). The TOMM has demonstrated high levels of both sensitivity and specificity (e.g., Rees, Tombaugh, Gansler, & Moczynski, 1998) and is largely insensitive to depression (Rees, Tombaugh, & Boulay, 2001) and neurological disorders, including mild dementia (Tombaugh, 1996, 1997, but see Teichner & Wagner, 2004). Moreover, age and education have little effect on TOMM scores (Tombaugh, 1996, 1997).

1. Method

1.1. Participants

The Forensic group (age: $M = 32.65$ years, $S.D. = 8.46$) consisted of 20 men (16/20 minority) from a forensic facility in the southeastern United States. These men were referred to this facility for pre-trial evaluations to assess their competency to stand trial and each had legal proceedings pending. The Psychiatric group (age: $M = 41.00$ years, $S.D. = 10.42$) consisted of 19 men from an adult inpatient psychiatric unit in the southwestern U.S. and one from another adult inpatient psychiatric unit in the southeastern U.S. In the Psychiatric group, 15/20 were Caucasian. Patients in both groups had similar psychiatric diagnoses on Axis I and Axis II, including, but not limited to, Schizophrenia, Psychosis N.O.S., Bipolar Disorder, and dual diagnoses.

For the Psychiatric group, exclusionary criteria included legal involvement pending (on Axis IV) that suggested secondary gain. For the Forensic group, hospital policy dictated exclusion of individuals with alleged homicide or capital offenses. For either group, individuals who were non-English speaking; had a neurological condition on Axis III; or, who obtained a Global Assessment of Functioning (GAF) Scale score of 30 or less (*DSM, Fourth edition, Text revision, American Psychiatric Association, 2000*) were excluded.

1.2. Procedure

Each participant was asked to read and sign a release of information and an informed consent statement. Participants were tested individually. The Mini-Mental Status Examination (MMSE; Folstein, Folstein, & McHugh, 1975) was administered first, followed by the M-test (Beaber, Marston, Michelli, & Mills, 1985), a brief test of psychotic malingering. These were followed by administration of Trials 1 and 2 of the TOMM. During the required 15-min

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