

Malingering and uncooperativeness in psychiatric and psychological assessment: Prevalence and effects in a German sample of claimants

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Abstract

Effort has repeatedly been shown to have a pervasive effect on performance in psychological tests. The current study evaluates to what degree performance on various psychological tests is affected by lack of effort as compared with brain injury. Psychological and medical data from a sample of 233 patients referred from Workers' Compensation Boards or from claimants in personal injury litigation were retrospectively analyzed. Each patient underwent a battery of psychological tests and a medical examination. Measures of effort were derived from the Word Memory Test (WMT) and the Medical Symptom Validity Test (MSVT). Insufficient effort was shown by 44.6% of the patients. The frequency of patients failing the effort tests was independent of age, sex, referral source, and leading complaint. Effort accounted for up to 35% of the variance of performance in the domains of cognitive speed, memory and intelligence. After controlling for effort, there was no significant effect that could be attributed to substantial brain injury. The findings confirm that there is a general and strong effect of effort on psychological test results, which dwarfs the impact of substantial brain injury. Effort testing should become a standard procedure in psychological testing.

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1. Introduction

Psychological tests are routinely assumed to yield objective and standardized measures of an individual's mental abilities. However, it has long been recognized that test results may be completely invalidated if the patient is not cooperating. Standard psychological tests require good effort to yield valid results. The reason for this is that the reference values that are used to classify a given individual's performance as normal, suboptimal or superior are derived from normative samples composed

of persons who perform to the best of their ability. In normative samples, effort is not formally assessed, but subjects participate voluntarily and are often compensated by payment. Thus, they have an interest in performing well and acting in compliance with test instructions. Moreover, they gain no advantage by showing mediocre effort. These assumptions apply neither to clinical settings nor to forensic cases, especially when compensation for some injury is at stake. Thus, in practice, test scores may fall well below published norms, not because of cognitive impairment, but due to lacking cooperation. Uncooperativeness may have many sources: mere lack of interest in taking the test, leading to careless or random responding, fatigue, general distrust of psychological tests, or malevolent

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intentions such as fraud. Ideally, a test for cooperativeness would allow us to distinguish between a mere lack of interest and deliberate attempts to manipulate the test.

In a psychiatric examination, the assessment of cooperativeness seems similarly essential to establish psychiatric diagnoses. Most diagnoses rely on the patients' reports about their mental states, which the clinician is unable to validate by objective measurements. Feigning a mental disease is therefore a common problem in forensic as well as civil compensation cases.

The question of how uncooperative or malingering patients may be detected has been given ample treatment (Rogers, 1997; Hall and Poirier, 2001). According to Bender and Rogers (2004), there are several different strategies for detecting feigned impairments on psychological assessments: Floor Effect, Magnitude of Error, Performance Curve, Symptom Validity Testing (SVT), Response Time and Atypical Presentation. The Floor Effect refers to a malingeringer's unawareness of those items that are too easy to be plausibly failed. The Magnitude of Error strategy is based on the assumption that feigners will exaggerate the amount by which they miss the correct answer. The Performance Curve strategy examines whether typical performance patterns are preserved, e.g. due to varying difficulty across the test items. Symptom Validity Testing examines whether the failure rate drops below chance levels. Response Time has also been tested as a detection strategy for feigned cognitive impairment.

The prevalence of malingering or uncooperativeness has been estimated at 47% in cases assessed for Workers' Compensation Boards (Youngjohn, 1991). The occurrence of malingered cognitive deficits by accident victims who suffered minor brain injury was estimated at 30% to 40% by Larrabee (2000), and similarly, by Binder (1993). Mittenberg et al. (2002) performed a prospective survey of clinicians, comprising 33,531 cases. There was a diagnosis of probable malingering in 30% of disability claimants, 19% of criminal cases, and 8% of medical cases. Several studies have reported on the magnitude of the effect which effort has on performance in psychological tests (Green et al., 2001; Green, 2004a,b). Large effects were found for memory and learning, psychomotor skills, executive functions and perceptual organization (Green et al., 2001). Gorissen et al. (2005), studying patients with schizophrenia, other psychiatric disorders, neurological illness and normal controls, reported large effects on the California Verbal Learning Test (Delis et al., 1987), Trail Making Test B (TMT-B) (Reitan, 1993) and the Stroop Test (Golden, 1975).

The present study describes a retrospective analysis of $n=233$ cases examined in 2004 and 2005. All of

them had suffered an accident and were referred for assessment of medical and psychological impairments in the process of claiming compensation for injuries. All patients claimed to suffer from cognitive impairment, either as the direct result of brain injury or as the result of psychological trauma. All patients underwent a medical and psychological examination. Measures of effort were derived from the Word Memory Test (WMT, Green, 2003; German version as described by Brockhaus and Merten, 2004) and the Medical Symptom Validity Test (MSVT, Green, 2004a,b).

The following two hypotheses were tested: (a) Effort accounts for a considerable part (>20%) of the variance observed in a battery of psychological tests; (b) Certain domains of functioning are more susceptible to the influence of poor effort than others.

2. Methods

2.1. Subjects and instruments

Between March 2004 and June 2005, 233 adult patients underwent a neurological, psychiatric, and psychological examination (Table 1). Most of them were referrals from the German Workers' Compensation Board (49%) or plaintiffs in personal injury claim cases (20%). The category "other" (31%) includes claimants with personal accident insurance and civil servants eligible for accident compensation. For each patient, a detailed description of the accident including technical reports and the initial clinical assessments, including cranial CT scans or MRI findings, were

Table 1
Sample description

Whole sample		<i>n</i>	%	Age (years)	
		233	100	Mean	S.D.
Gender	Male	152	65.2	45.08	13.24
	Female	81	34.8	42.35	13.16
Education	11 years or less	170	72.9		
	More than 11 years	63	27.1		
Substantial brain damage	Absent	155	66.5		
	Present	78	33.4		
Referral source	Workers' Compensation Board	114	48.9		
	Personal injury claim	47	20.2		
	Other	72	31.0		
Complaints	Anxiety	40	17.2		
	Depression	62	26.6		
	Non-syndromatic	59	25.3		
	Medical	201	86.3		
	Whiplash	43	18.5		
	PTSD	63	27		

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