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Malingering Response Styles on the Memory Assessment Scales and Symptom Validity Tests

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This study identified malingering strategies of test performance and investigated their presence in the responses to computer-mediated versions of Rey's Dot-Counting and 15-Items tests, a forced-choice symptom validity procedure and the Memory Assessment Scales (MAS). Sixty volunteer subjects were randomly assigned to control (n = 30) or malingering (n = 30) groups. The control subjects were instructed to perform their best and the malingerers were instructed to fake a poor performance on the tests. As expected, malingering subjects scored significantly worse than control subjects on virtually all tests. Malingerers had slower response times on most tests. They also performed worse on recognition tasks in contrast to performance on recall tasks. Their response style was characterized by intentional wrong and random responding on recognition tasks. Malingerers did not show the expected worse-than-chance responding on the forced-choice symptom validity procedure. Current tests of symptom validity may not have sufficient sensitivity to detect milder forms of malingering.

The study of malingering on intellectual tests is part of the general investigation of extraneous influences on test performance. These influences include anxiety and psychological depression as well as malingering (Williams, Little, Scates, & Blockman, 1987). They compromise the validity of assessment because they introduce specific variance in test scores that are unrelated to true score variance (Nunnally, 1978). Although a test score may be designated as a measure of

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a specific construct such as memory, extraneous factors may systematically influence the test score and confound the interpretation of the score as a measure of this construct. These factors may be so influential that the memory test now becomes a test of depression or anxiety rather than a measure of the construct it was designed to measure. In the domain of intellectual ability measurement, malingering is a general term used to describe a test performance that has been influenced by the extraneous factor of factitious motivation. In this situation, the subject intentionally produces a poor performance that is not characteristic of "true" ability. When factitious motivation is present, a test of an intellectual ability becomes, to some degree, a measure of malingering response style.

Neuropsychological assessment is vulnerable to malingering since the validity of testing depends upon the patient's cooperation and motivation to produce the best possible performance. If a poor performance will be used in litigation to justify personal injury and financial claims (Heaton, Smith, Lehman, & Vogt, 1978), or reduce one's responsibility in the case of criminal behavior (Rubinsky & Brandt, 1986), this cooperation may not always be present. Besides direct rewards, there are various indirect social and emotional benefits of presenting oneself as brain injured and these will likewise produce motivation to perform consistent with the brain-injured patient role (Heaton et al., 1978; Lezak, 1983).

Some research in the area of malingering and neuropsychological assessment focused on markers of a malingering performance on conventional neuropsychological tests. Heaton et al. (1978) compared 16 subjects instructed to malinger to 16 head-trauma patients using the Wechsler Adult Intelligence Scale (WAIS) and the Halstead-Reitan neuropsychology battery. The malingering subjects did worse on the Speech-Sounds Perception Test, finger tapping, finger agnosia, sensory suppressions, hand dynamometer, and the Digit Span. Head trauma patients did worse on the Category Test, Trails-B, and the Tactual Performance Test. In addition, 10 neuropsychologists made blind judgments of the test protocols. Their ability to correctly classify the subjects as either malingering or impaired was only slightly better than chance. This finding suggested that clinicians cannot detect markers of malingering in the conventional summary of performance on these tests.

Goebel (1983) expanded the investigation of Heaton et al. (1978) by using a control group, four malingering groups, and an increased sample size ($n = 254$). The malingering groups consisted of subjects instructed to produce a performance consistent with their understanding of injury to the left hemisphere, right hemisphere, both hemispheres, and general brain injury. Goebel subjectively examined the data and was able to correctly classify 98% of the unimpaired subjects and 80% of the impaired subjects. Although identifying information was removed from the testing protocol, Goebel had prior knowledge of all the impaired subjects and the base rate of malingering subjects in his sample. These aspects of the study probably contributed to the high classification rate.

Faust, Hart, and Guilmette (1988) investigated the ability of 42 neuropsychologists to blindly interpret the malingered performance of three children on

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