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Detecting neuropsychological malingering: effects of coaching and information

Thomas M. Dunn^{a,*}, Paula K. Shear^a, Steven Howe^a, M. Douglas Ris^{a,b}

^a*Department of Psychology, University of Cincinnati, Cincinnati, OH, USA*

^b*Cincinnati Children's Hospital Medical Center, Cincinnati, OH, USA*

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Abstract

Concerns that patients presenting for neuropsychological assessment may not be putting forth maximum effort during testing has prompted the development of measures designed to detect malingering and incomplete effort. Two of these measures are the Computerized Assessment of Response Bias-97 (CARB-97) and Word Memory Test (WMT). Despite widespread use of these instruments, no study has been published determining the vulnerability of neuropsychological malingering measures to explicit coaching or brain injury information. The present study, using analog participants, found that the CARB-97 and WMT differentiate “normal” from “malingered” instructional sets, and show little difference between naïve and coached malingering efforts. There was also little difference between providing brain injury information and a no-information condition, but when effects were present, the information group generally scored worse. Further, it was found that response times (RTs), in addition to items correct, may also be effective in detecting those who are not giving their full effort.

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1. Introduction

Clinical neuropsychological assessment is commonly performed following brain injury or other neurological insult. Accurate assessment, however, is dependent upon the patient putting forth his or her best possible effort (Bernard, 1990). It is, therefore, startling to learn that an

* Corresponding author. Present address: Department of Psychology, University of Northern Colorado, Mckee Hall 14, Campus Box 94, Greeley, CO 80639, USA. Tel.: +1-970-351-2957; fax: +1-970-351-1103.

E-mail address: dunntm@yahoo.com (T.M. Dunn).

estimated 70% or more of patients assessed by a clinical neuropsychologist in a forensic context are thought to alter their presentations (Heilbrun, Bennett, White, & Kelly, 1990). Youngjohn, Burrows, and Erdal (1995) speculates that almost half of all workers' compensation claims may involve faked cognitive deficits.

With such seemingly high base rates, clinicians must routinely consider that patients may not be completely honest about their condition, or may not be putting forth their best possible effort during testing. There are several commercially available instruments that have been designed specifically to evaluate the effort put forth during neuropsychological testing and to assess dissimulation. Although many of these instruments are generally thought to identify incomplete effort or malingering with at least partial success, new concerns are arising in the literature. Some patients may have access to information about how to exaggerate symptoms in a believable way or, worse, some are being deliberately coached about how to defeat malingering measures. Concerns have been raised that patients may be going to great lengths to defeat malingering measures on the advice of unethical attorneys (Lees-Haley, 1997). Youngjohn (1995) confirms the instance of an attorney coaching a client prior to neuropsychological testing and providing him with literature regarding malingering measures and simulating injury. If malingerers are able to perform convincingly on these measures, then truly accurate neuropsychological assessment becomes very difficult. It is important, therefore, to understand the impact on malingering measures of receiving coaching as to how to perform on certain tests convincingly or receiving information about the behavioral effects of brain injury.

A limited number of studies have examined either the effects of coaching analog participants (normal participants instructed to pretend that they are malingering) to defeat malingering measures or providing information about the cognitive sequelae of brain injury. Only two studies have explicitly examined the effects of coaching participants to defeat malingering measures (although Hiscock & Hiscock, 1994, did include a coached malingering group in research on cutoff scores for a forced-choice measure). Rose, Hall, Szalda-Petree, and Bach (1998) found that performance on some malingering measures (Nonverbal Forced-Choice Test, 21-Item Test, and Dot-Counting Test) was susceptible to coaching, while performance on a novel computerized version of the Portland Digit Recognition Test (PDRT) was resilient to such preparation. Similarly, a study by Martin, Bolter, Todd, Gouvier, and Niccolls (1993) reported that a coached group of analog participants scored at chance levels on a computerized forced-choice measure, whereas uncoached analog participants asked to malingering scored well below chance. Scoring at levels below chance strongly indicates malingering and, therefore, the coached participants had a more believable (albeit still borderline) profile. Both of these studies, however, used computerized measures specifically constructed for use in their experiments (although based on more widely known and used measures) that are not widely used in clinical practice. It should also be noted these studies do illustrate the benefit of using computer-presented instruments, as they record response time (RT), which can be used as an additional measure of effort (with more variable and longer RTs being associated with malingering).

Additionally, Suhr and Gunstad (2000) tested analog participants on a variety of neuropsychological measures, including the expanded Auditory Verbal Learning Test and the Warrington Memory Test (WMT) and a forced-choice malingering measure, the PDRT. While they describe a "coached" condition, this experimental group was not given explicit coaching to defeat methods to detect malingering. Rather, this group was given a nonspecific warning that

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