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Insights.... on Malingering

Always Consider Malingering

Since the diagnostic criteria for mental disorders are readily available in the public domain, the potential for faking is now greater than ever.

The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*, (DSM-IV-TR), a widely recognized diagnostic reference, defines malingering as "the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives" such as financial compensation or evading criminal prosecution. DSM-IV-TR presents various criteria to be considered in diagnosing malingering: a medical-legal context of presentation; marked discrepancy between the claimed disability and objective findings; lack of cooperation or failure to comply with treatment; and the presence of antisocial (criminal) personality disorder.

A variety of methods are available to detect malingering of psychiatric symptoms. Psychological testing is one of the best. Other useful ways include a review of records, collateral interviews, surveillance, and extended observation of the claimant. Malingering should be suspected whenever there are significant *discrepancies* among sources of information or when there are *vague*, *numerous* or *extreme* symptoms being reported. These can readily be remembered by using the acronym, **VEND** (**V**ague, **E**xtreme, **N**umerous, **D**iscrepancies). Although polygraphy and voice stress analysis are widely used among law enforcement professionals, the scientific literature does not support their use in verifying or detecting malingering.

Key Signs

Vague Symptoms

Extreme Symptoms

Numerous Symptoms

Significant Discrepancies

Common Misconceptions About Malingering

Some common misconceptions have surfaced regarding malingering. Included among the more salient misconceptions are:

- A trained clinician can determine bonafide from feigned symptoms without corroborating information.
- True psychiatric symptoms are accompanied by vivid and emotional descriptions. Research suggests there is no connection between the vividness and emotional impact of a story and its truthfulness.
- Malingerers tend to be sociopaths. Although the DSM-IV-TR asserts a connection between sociopathy and malingering, no studies link these two behaviors.

Inside this issue:

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Rogers' Explanatory Models of Malingering

Malingering expert Richard Rogers, Ph.D., described three explanatory models for malingering: the Pathogenic model, the Criminological model, and the Adaptational model. Currently, the Adaptational model is the most widely accepted.

The Pathogenic model assumes that the underlying cause of malingering is internal emotional conflict. Symptom fabrication serves to alleviate this conflict. It is worth noting that the pathogenic model posits that over the deteriorative course of a disorder bogus symptoms will often be supplanted by genuine symptoms.

Observations that fraudulent civil litigants and many criminal defendants feigned mental disorders to further their own ends led to the development of the Criminological model. This model assumes that persons with moral deficits are likely to malinger in order to avoid punishment or obtain material gain.

The Adaptational model suggests that potential malingerers engage in a cost-benefit analysis of their options. When faced with a hostile or indifferent setting, one option is the fabrication of a mental disorder to achieve a desired objective. Interestingly, adaptational malingerers are not always accurate in their analyses. Data from simulation studies suggest that such persons often overestimate their ability to feign without detection.

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Psychological Tests for Malingering

In a 2003 study, 53 forensic psychologists evaluated 22 tests used to assess malingering. These experts characterized the following tests for malingering as acceptable:

- Minnesota Multiphasic Personality Inventory-2
- Structured Interview of Reported Symptoms
- Wechsler Adult Intelligence Scale-Third Edition
- Rey Complex Figure Test and Recognition Trial
- Personality Assessment Inventory
- Test of Memory Malingering
- Halstead-Reitan
- Validity Indicator Profile

Included among the *unacceptable* tests for malingering were

- Projective Drawings
- Sentence Completion Test
- 16 Personality Factor Questionnaire and
- Thematic Apperception Test

Experts in forensic psychology have identified various psychological tests for evaluating malingering

Factitious Disorders

In the DSM-IV-TR, factitious disorders appear to be a diagnostic entity somewhat similar to malingering. However, the primary difference between the two distinct entities is that in factitious disorders one assumes the role of being psychologically disordered in the absence of external incentives.

In factitious disorders, the individual intentionally produces the characteristic symptoms of a syndrome in order to assume the role of a sick person. For example, in cases of factitious Posttraumatic Stress Disorder (PTSD), the individual will recount a story of trauma and describe flashbacks, nightmares, psychic numbing, and hyperarousal. By assuming the role of a PTSD patient, this person seeks to gain attention, support, and comfort.

Intentionally producing symptoms in order to assume the role of a sick person

Red Flags for Malingering

The following represents an index of suspicious behaviors characteristic of those who malinger mental disorders:

- Poor work record
- Discrepant capacities to work and engage in recreation
- Inconsistent symptom reporting
- Non cooperation with assessment procedures
- Inconsistent or invalid psychological test results
- Improbable errors or rare errors on test items
- Insufficient effort on testing
- Tampering with records or diagnostic data
- History of antisocial behavior
- History of recurrent accidents/injuries
- History of litigation
- Complaints unsupported by history/diagnostic examinations
- Eagerness to discuss symptoms
- Unlikely number of severe symptoms
- Improbable or rare symptoms
- Vague, poorly defined symptoms that do not conform to known diagnostic entities
- Evasiveness
- Denial of ability to function
- Minimizing ability
- Causal misattribution of symptoms
- Exaggeration of a real problem
- Inconsistently endorsed symptoms
- Excessive symptoms, excessive suffering
- Overdramatization and theatrics
- Overly blatant/specified symptoms
- Sudden onset or resolution of symptoms
- Requesting addictive or commonly abused drugs
- Symptoms allow for avoidance of legal/social responsibility or penalties
- Symptoms allow for financial compensation or other gain as a result of the alleged disorder
- Reluctance to accept a favorable prognosis
- Self inflicted injuries
- Changing doctors after release for return to work
- Lack of interest in returning to work
- Refusing a drug test or diagnostic test to confirm injury
- History of making disallowed claims for compensation
- A willingness to accept inordinately small settlement in lieu of documenting all claims costs/losses
- Subjective complaints increase with the hiring of an attorney
- Material misrepresentation

Look for these clues to malingered mental disorders

Recommended Reading on Malingering

- Rogers, R. (1997). *Clinical Assessment of Malingering and Deception*. New York: Guilford Press
- Resnick, P.J. (1995). Guidelines for the evaluation of malingering in posttraumatic stress disorder. In R.I. Simon (Ed.), *Posttraumatic Stress Disorder in Litigation: Guidelines for Forensic Assessment* (pp. 117-134). Washington, DC: American Psychiatric Press.
- Wilson, J.P. & Moran, T.A. (2004). Assessing traumatic injury in litigation. In J. P. Wilson & T.M. Keane (Eds.), *Assessing Psychological Trauma and PTSD Second Edition*. New York: Guilford Press.
- Hutchinson, G. (2001). *Disorders of Simulation: Malingering, Factitious Disorders, and Compensation.* Madison, CT: Psychological Press.

Malingering vs. Sources of Gain

The term "gain" refers to the unconscious motivations or incentives for having bonafide psychological symptoms.

In psychology, the term "gain" refers to the unconscious motivations or the incentives for having bonafide psychological symptoms. Since individuals are unaware of these motives, the resulting symptoms cannot be considered to be malingering. Forensic experts have identified three variants of gain:

- The term **primary gain** refers to relief from emotional conflict and the freedom from anxiety achieved by means of a defense mechanism. DSM-IV-TR seemingly uses this term synonymously with "internal" gain.
- **Secondary gain** refers to the external gain derived from any illness, such as personal attention and service, monetary gains, disability benefits, and release from unpleasant responsibilities.
- The term **tertiary gain** represents the benefits realized by others (rather than the patient) when such advantage is based upon the patient's apparent illness. This term is not frequently cited in the scientific literature. However, in factitious disorders by proxy, where another causes the patient's symptoms, the motivational issues prompting the inducing party may be for tertiary gain.

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Definitions Pertinent to Litigation

Malingering: the intentional production of false or grossly exaggerated physical or psychological problems for external gain.

Defensiveness: the polar opposite of malingering. Conscious denial or gross minimization of psychological or physical symptoms.

Factitious Disorder: the intentional production of symptoms due to the internal motivation to assume a patient role.

Compensation Neurosis: the perpetuation of a disabling mental condition that resolves with the termination of litigation or compensation. Research indicates that this "neurosis" does not exist.

Simulation: the behavioral act of symptom creation, exaggeration, or misattribution with a clear intentional or volitional component.

Dissimulation: the polar opposite of simulation. It often involves the concealment of illness by feigning health.

Positive Predictive Power (PPP): a test's probability of correctly classifying a feigner.

Negative Predictive Power (NPP): a test's probability of correctly classifying a non-feigner.

Confabulation: the replacement of memory traces lost as a result of partial amnesia with new, fabricated memories. The individual is compensating for a memory deficit rather than attempting to deceive.

Pseudologia Fantastica: often labeled as pathological lying, it occurs when the individual truly believes, at least momentarily, a fantastic description.

Impression Management: the denial of the negative or accentuation of the positive for a given situation.

Unreliability: not honest or self-disclosing but intent cannot be established.