



Neuroscience Education Institute

# HOW TO DETECT MALINGERED MENTAL ILLNESS: A PRACTICAL PRIMER

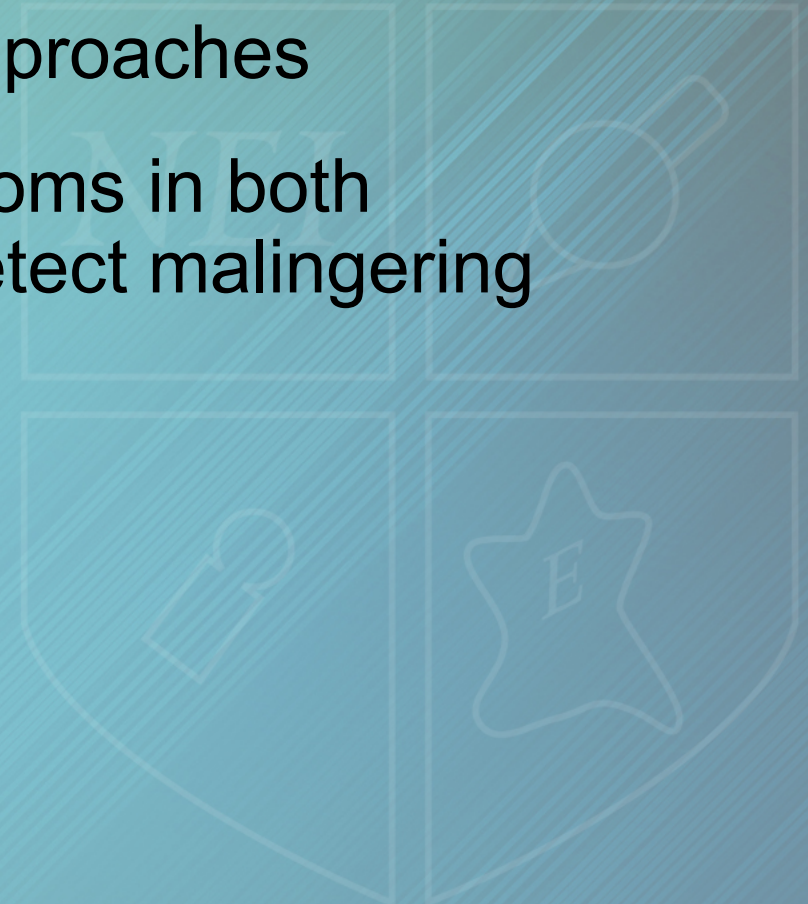
**Charles L. Scott, MD**

Chief, Division of Psychiatry and the Law; Forensic Psychiatry Training Director; Clinical Professor;  
Department of Psychiatry and Behavioral Sciences, University of California, Davis Medical Center



# Learning Objectives

- Review the definitions of malingering and associated behaviors and conditions
- Highlight common malingering testing approaches
- Distinguish typical versus atypical symptoms in both depressive and psychotic disorders to detect malingering





# Definitions

- *Malum*—bad or harmful
- Bad intent of offender's actions











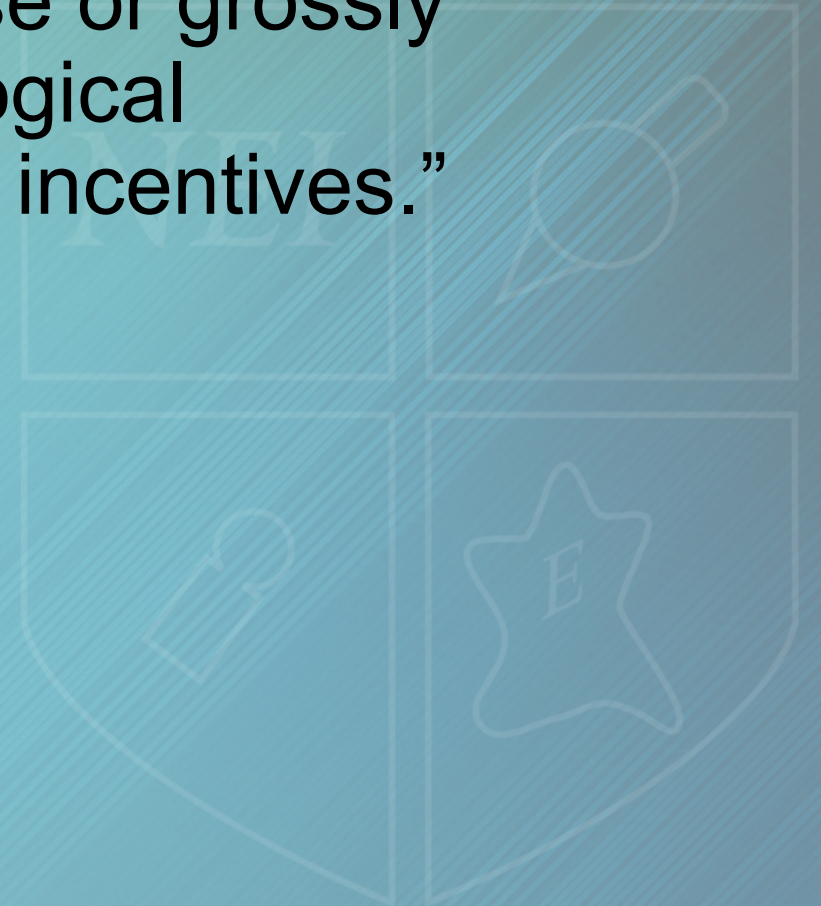






# Key Definitions

- Malingering (DSM-5):
  - “The intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives.”

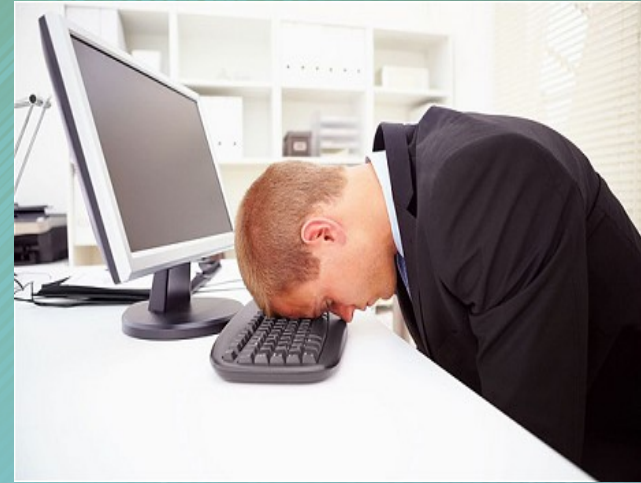




# Key Definitions

- Lying
  - Also involves intent to deceive
  - Difference is that not all lying involves false or grossly exaggerated presentation of symptoms for a **secondary gain**
  - Examples: psychopathy (e.g., “duping delight”), pseudologia fantastica

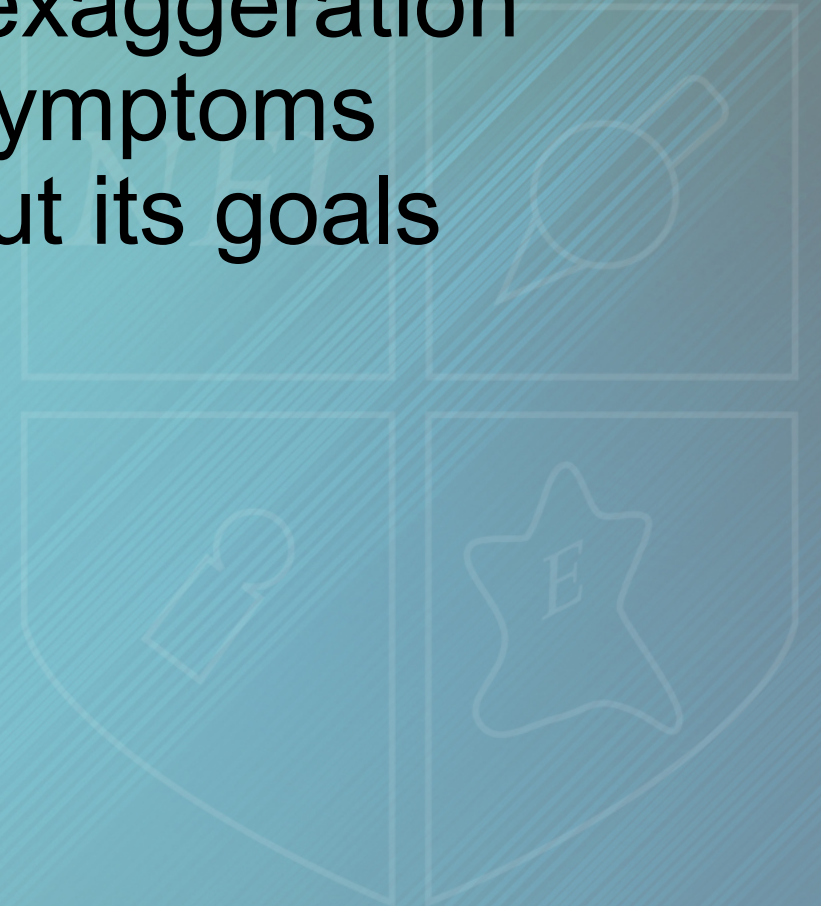






# Key Definitions

- Feigning:
  - The deliberate fabrication or exaggeration of psychological or physical symptoms without any assumptions about its goals





# Key Definitions

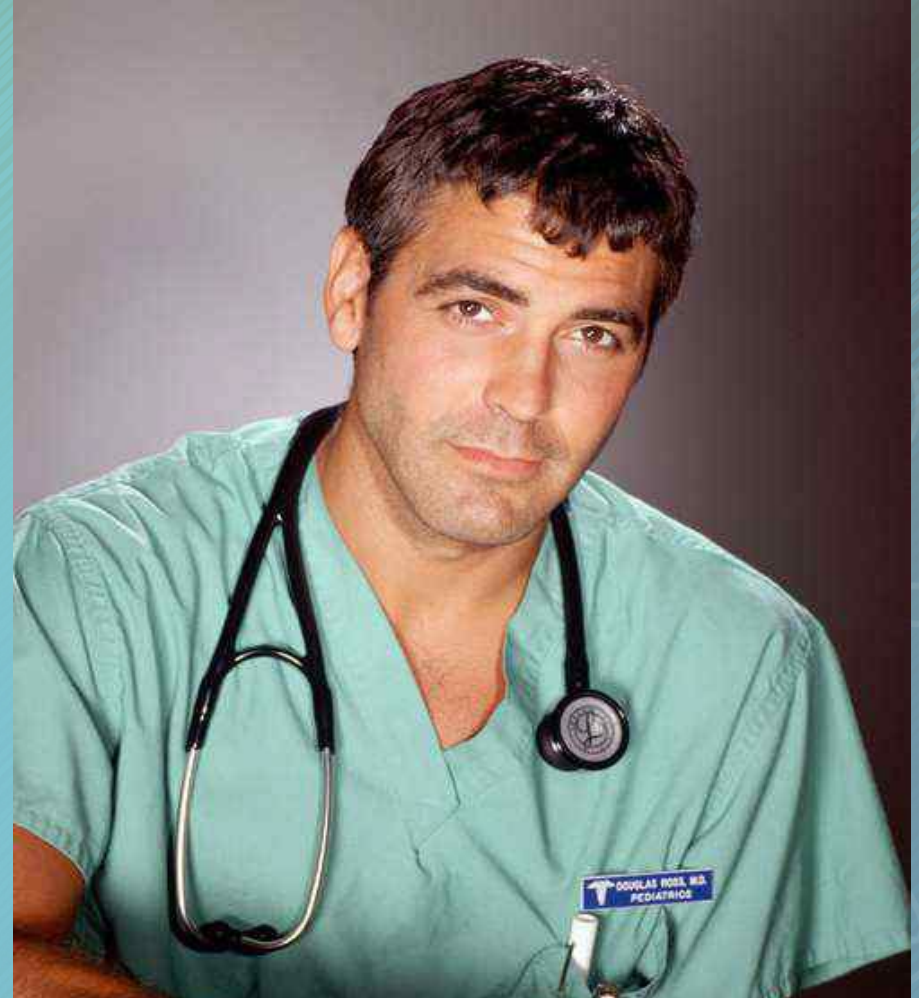
- Suspect effort:
  - Effort test performance that suggests best effort not applied





# Factitious Disorder

- Voluntary production of symptoms
- Assume “patient role”
- No other obvious secondary gain





# Ganser's Syndrome

- Approximate answers

$$2+2=5$$





# Prevalence

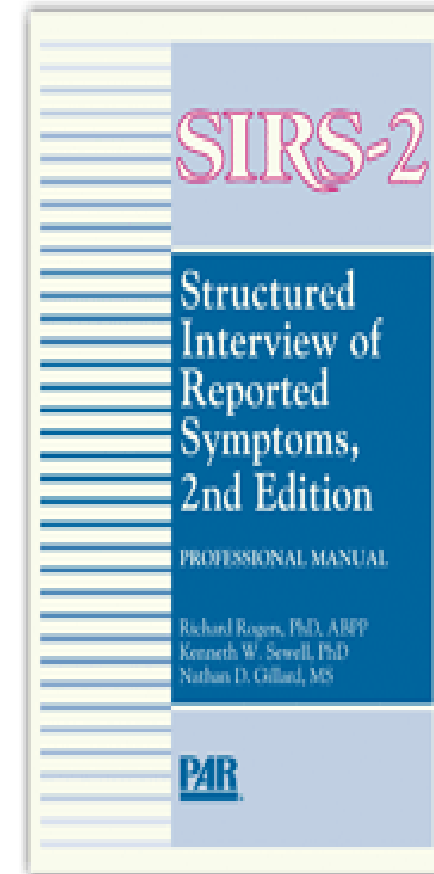
- **20%** strongly or definitely suspected in psychiatric emergency room
- Between **25–30%** of disability claims

[illegible]



# Prevalence

- In jail study, 66% of those referred were malingering on SIRS





# General Issues in Malingering Detection

- Understand real symptoms





# Detection Strategies

- Rare symptoms
- Improbable symptoms
- Rare symptom combination



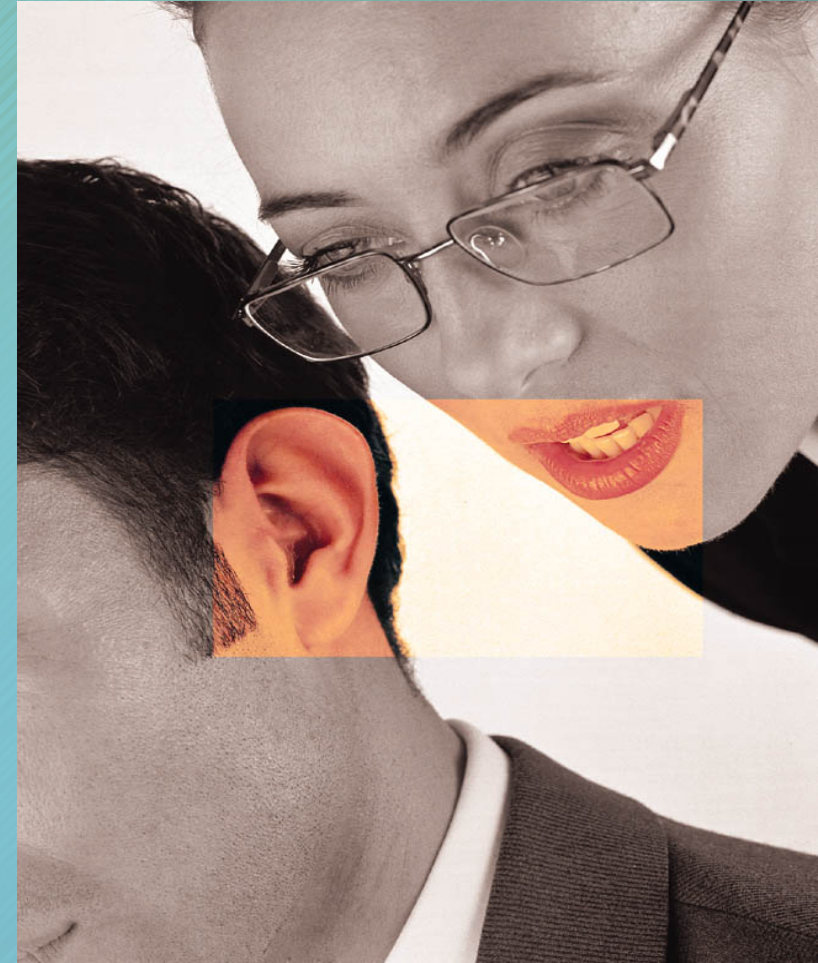






# Detection Strategies

- Symptom severity
- Indiscriminate symptom endorsement
- Obvious vs. subtle
- Reported vs. observed





# Inconsistencies



- Person's report
- Reported vs. observed symptoms
- Inconsistent observed symptoms



# Testing Strategies





# Strategy #1

## The Floor Effect

















# The Floor Effect

- **Asks very simple items:**

- What is the very first letter of the alphabet?
- Who is the president of the United States?
- What is  $2+2$ ?
- What is next in sequence? A, B, \_\_\_\_



# The Floor Effect

- Easy autobiographical information





# Floor Effect Tests

- Objectively easy but may not appear to be
- Severe cognitive impairment defines lower boundaries of credible performance
- Vary in content, format, degree of difficulty, and transparency



# Rey Memory Test

- 15 simple items
- Show for 10 seconds
- Emphasize that there are *15 different* items to recall!





# Rey 15-Item

A

B

C

1

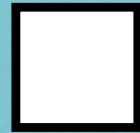
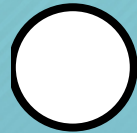
2

3

a

b

c



I

II

III





# Rey 15-Item

- **Concerns:**

- No single cut off scores (10 vs. 9 vs. 8?)
- Lack of consistent administration guidelines
- Item recall is partly function of intelligence
- Genuine memory disorders may affect performance



# The “b” Test

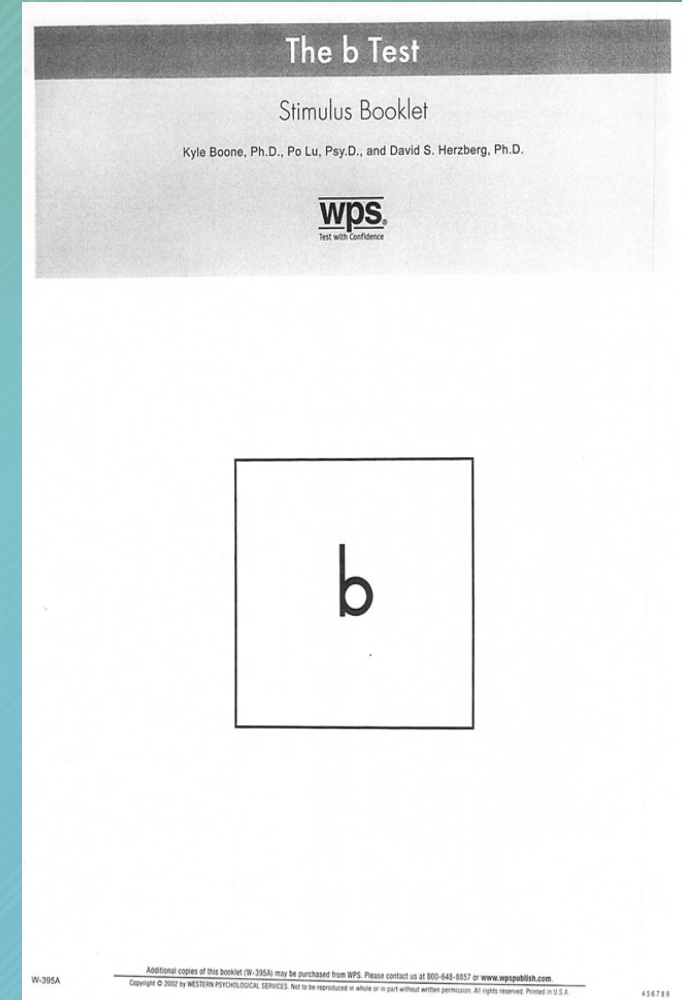


- Used to assess suspect effort in a variety of claims:
  - Impaired memory
  - Problems with attention, focusing, or concentration



# The “b” Test

- Letter recognition test
- Used in age 17 or older
- 15-page stimulus book with the letter “b” interspersed with other letters
- Circle “b” working as rapidly as possible





# The “b” Test

- Errors are totaled
- **“E-Index” score** given to measure test taking effort
- Total time required typically 15 minutes





# Strategy #2

## Symptom Validity Testing



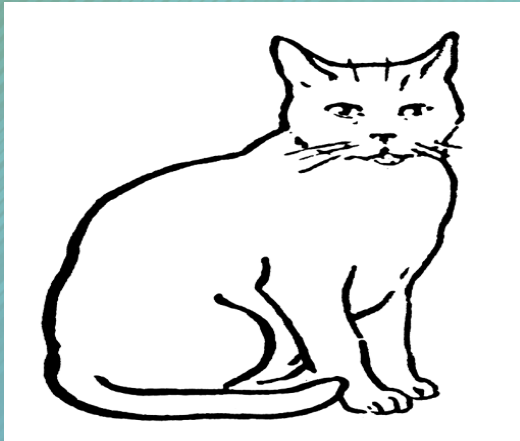


# Symptom Validity Testing





# CAT

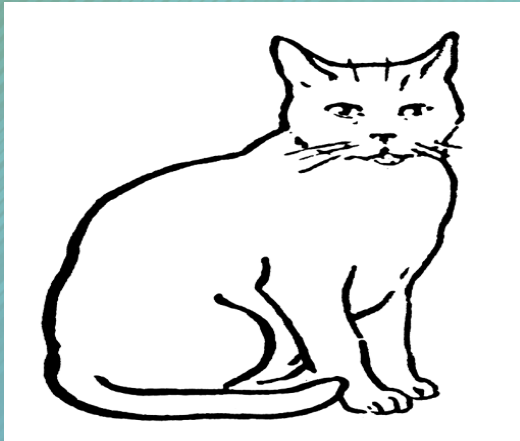


# 123



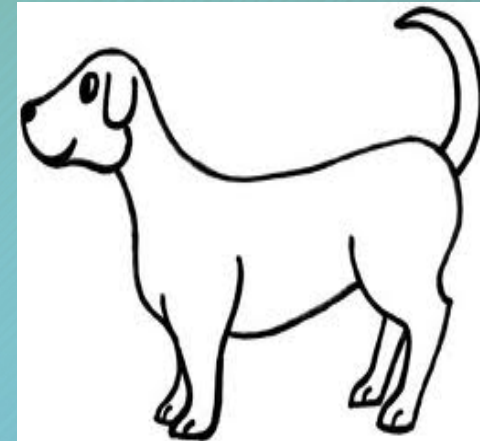


# CAT



# 123

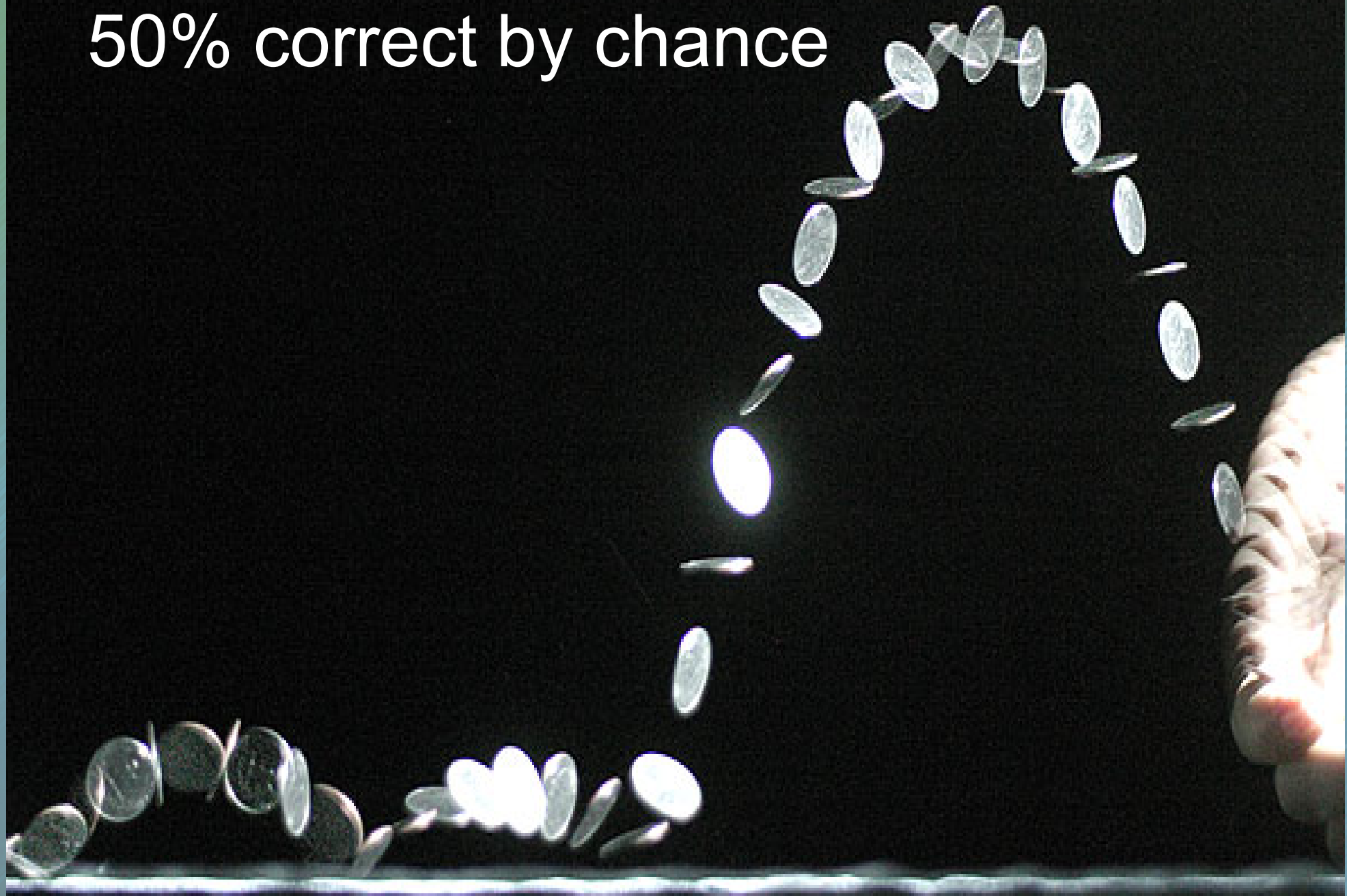
# DOG



# 456



50% correct by chance





# Symptom Validity Testing

- Probability of success based on random responding (generally .50)
- Statistics can calculate more specific probabilities
- Use of multiple SVTs more likely to detect below chance results



# Symptom Validity Testing

- Evidentiary **gold standard** for malingered memory loss





# Must Provide Feedback



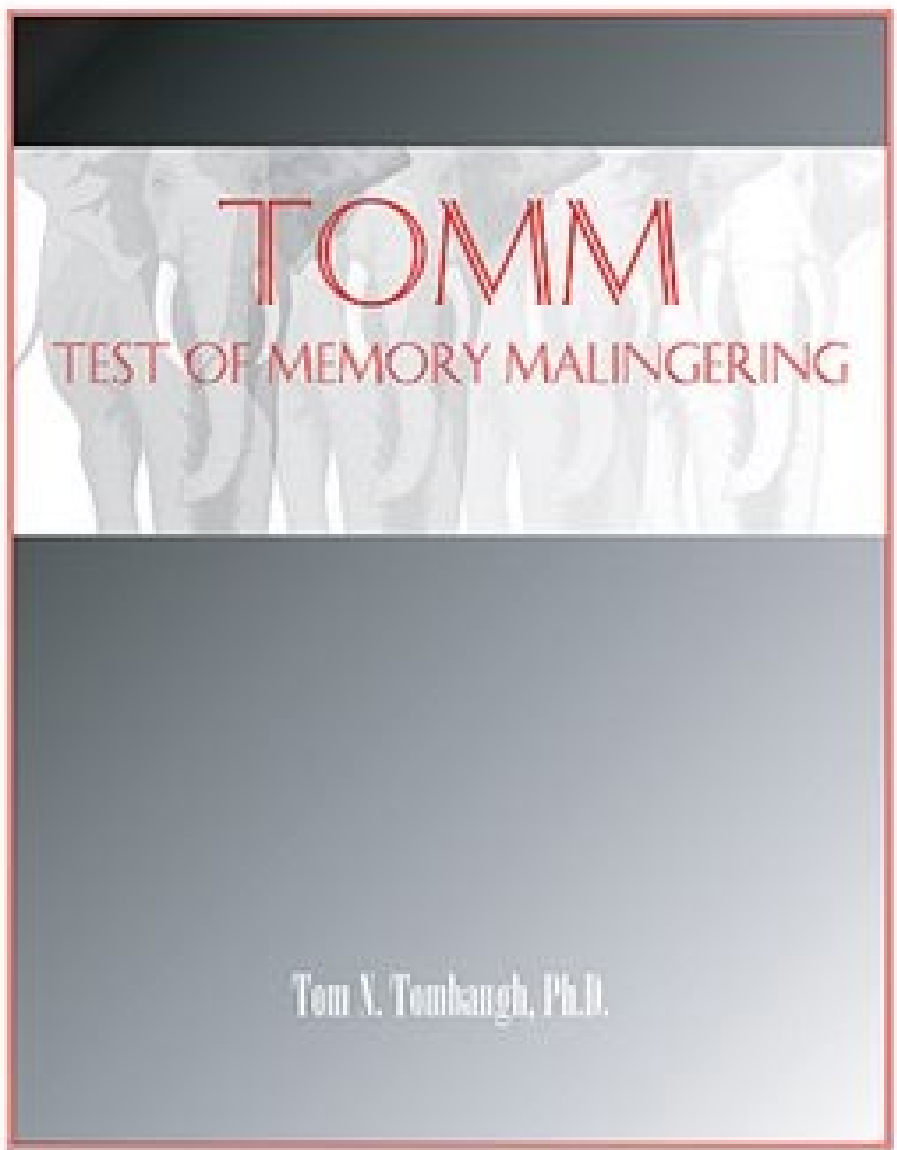


# “Coin in the Hand”



- Coin in one hand of tester
- Examinee counts backward from 10
- Which hand holds coin?
- Genuine patients correctly identify hand with coin
- Malingerers at chance







# TOMM

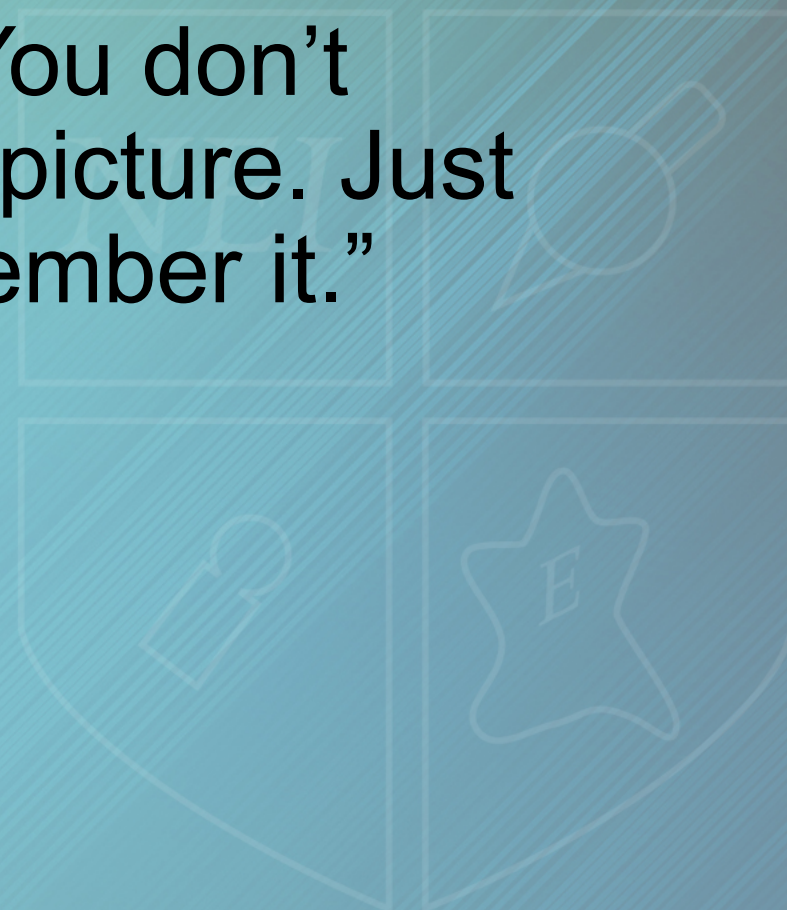
- 50-item **visual recognition** test
- Used in adults
- Involves two learning trials and a retention trial





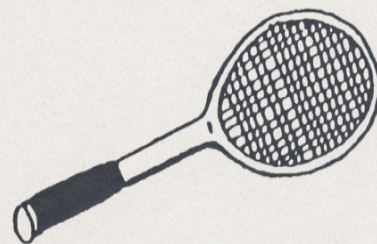
# TOMM Administration

- “Let’s try a sample trial first that contains only two pictures. Look carefully at each picture and try to remember it. You don’t have to learn the name of each picture. Just look at each one and try to remember it.”





(19)



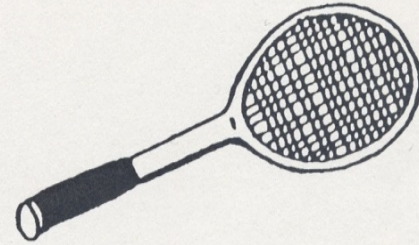


**3 seconds per picture**

***1 second interval  
between picture***



(32)



A



B



# Morel Emotional Numbing Test

- Assesses affect recognition
- Two faces presented to test taker
- Must choose one with assigned affect
- “Some individuals with PTSD may have difficulty recognizing facial expressions.”



# Which face is happy?









# Strategy #3

## Unusual Pattern of Responses Test





# Unusual Pattern of Responses Tests

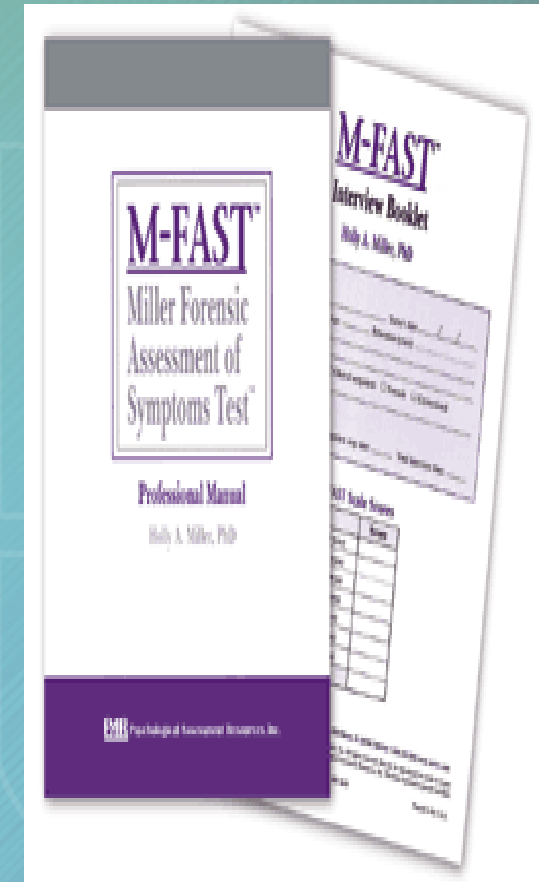
- Examines if evaluatee is providing atypical responses:
  - Rare symptoms
  - Unusual combination of symptoms
  - Absurd symptoms
  - Inconsistent symptoms





# Miller Forensic Assessment of Symptoms Test (M-FAST)

- Screening instrument
- 25 items
- 5-minute administration
- Score of 6 indicates likely need for further testing





# Structured Inventory of Malingered Symptomatology

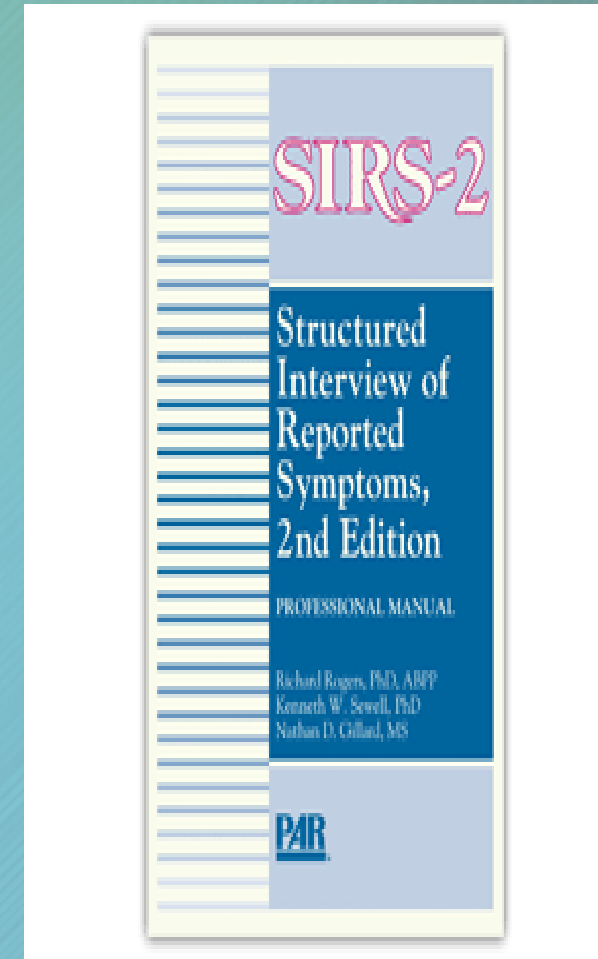
- 75 item true/false self-report
- Screening tool for malingering
- Has five subscales
- >14 possible malingering





# Structured Interview of Reported Symptoms (SIRS-2)

- Most widely used tool to assess feigned symptoms
- 172 items
- Takes 30–45 minutes to administer
- Considered “gold standard” evaluation tool





# Strategy #4

## Self-report tests of psychological functioning





# Self-Report Tests

- Self-report tests with embedded validity scales
- Common tests include:
  - MMPI-2 (Minnesota Multiphasic Personality Inventory-2)
  - PAI (Personality Assessment Inventory)



# Malingered Depression





# Malingered Depression

- Gervais et al (2001):
  - Between **25–30%** of patients who claimed major depression in civil litigation were probably malingering based on forced choice tests





# VIGNETTE

You are asked to evaluate a defendant's complaint of depression.





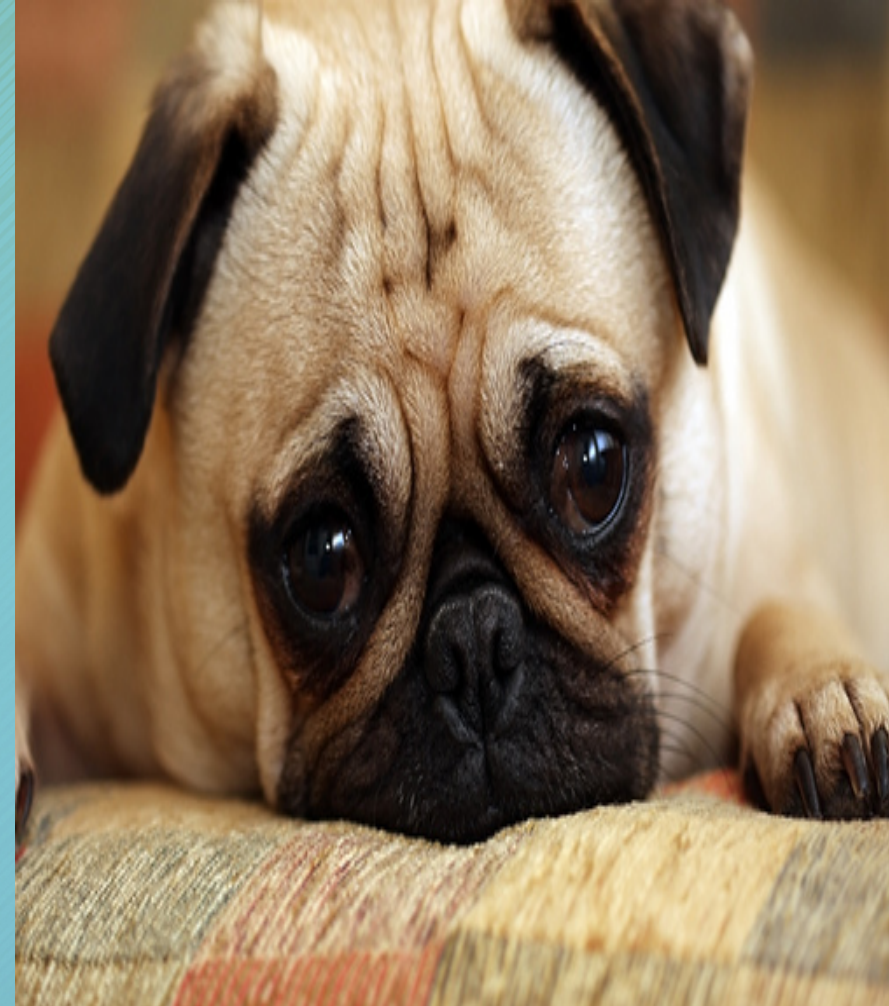
# DSM-5 Depression

- Depressed mood
- Diminished pleasure
- Weight loss or weight gain
- Sleep difficulties
- Psychomotor agitation or retardation
- Fatigue
- Worthlessness/guilt
- Concentration decreased or problems with decision making
- Thoughts of death or suicide



# Search for Objective Signs

- Obtain weights
- Observe facial expressions
- Observe body movements
- Observe interactions





# Questions to Evaluate Depression

- Wide range of facial expressions?
- A normal range of motor movements?
- Laughing and joking during the evaluation?
- Activities they enjoy?





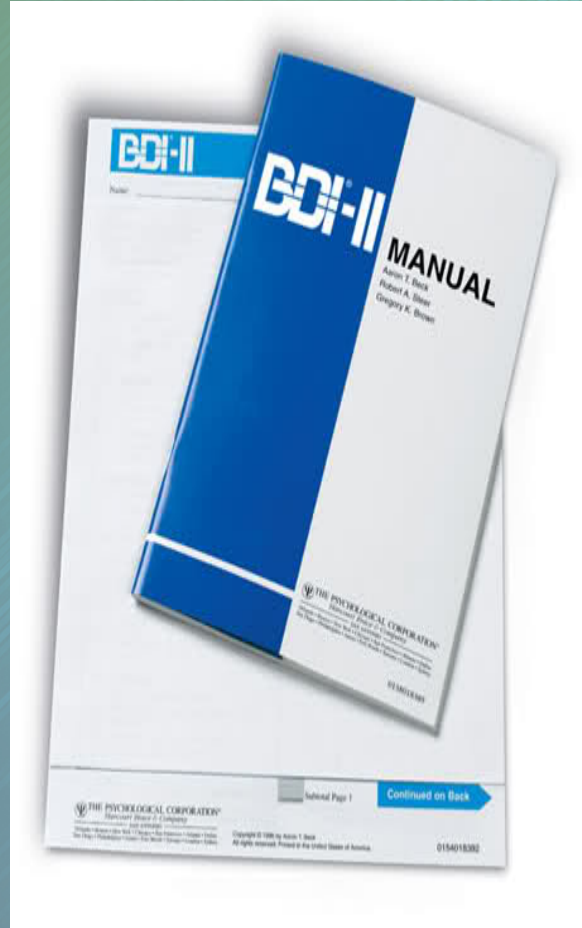
# Evaluate Depression

- Actual weight change?
- Endorse symptoms unrelated to depression?
- High vs. low self-esteem?
- Others are to blame?
- Fail easy questions?





# Beck Depression Inventory Study



- 52 untrained volunteers instructed to malingering depression
- 96% feigned depression
- 60% feigned severe depression



# Malingered Psychosis





# **Can Mental Health Professionals be Fooled?**





# Rosenhan Study (1973)









# Rosenhan Study (1973)

- No prior psychiatric history
- Complained of “hearing voices” to hospital admissions
- All admitted to psychiatric ward
- Symptoms stopped after single report
- All given mental health diagnosis
- Some hospitalized up to 52 days





# Clinical Clues

- Doesn't fit any diagnosis
- Overact part
- Contradictions
- Evasive









***MALINGERED***  
**VS.**  
***TRUE***  
**HALLUCINATIONS?**





# Auditory Hallucinations

- Content
- Clarity
- Loudness
- Vividness
- Duration
- Frequency
- Continuous vs. intermittent
- Number
- Male/female
- Location
- Second/third person
- Insight into reality
- Belief others can hear
- Familiar/unfamiliar
- Relationship
- Other hallucinations?
- Talk back?



# Evaluating Hallucinations

- Begin with very open-ended questions
  - “Is there anything else you can describe?”
  - “Anything else about this experience you remember?”
- Clinician Assisted Deception





# Auditory Hallucinations

- Words or sentences
- Drug hallucinations—unformed noises





# Nayani and David Study (1996)

- 100 patients with hallucinations
- Detailed inquiries about their experiences







**49%**

**38%**

**12%**



# Hallucination Content



- 60% of terms were abusive
- Terms of abuse different for men vs. women



# Hallucinations

- Strategies to diminish?
  - 76% have identified at least one activity
- Common coping strategies noted
  - Working
  - Resting
  - Seeking someone out
  - Taking medication





# Non-Helpful Strategies

- Being alone
- Radio
- Television
  - Voices comment about the programs





# Summary

- Continuous not intermittent
- Vague or inaudible
- Not associated with delusions
- Stilted language
- No strategies to diminish
- Claim ALL instructions are obeyed





# Suspect Malingered Visual Hallucinations When:



- Visual alone
- Lilliputian
- Giants
- Black and white only



# Visual Hallucinations

- Usually consistent with auditory hallucinations
- Dramatic atypical visual hallucinations should arouse suspicion





# Beware of the Black Blob!!

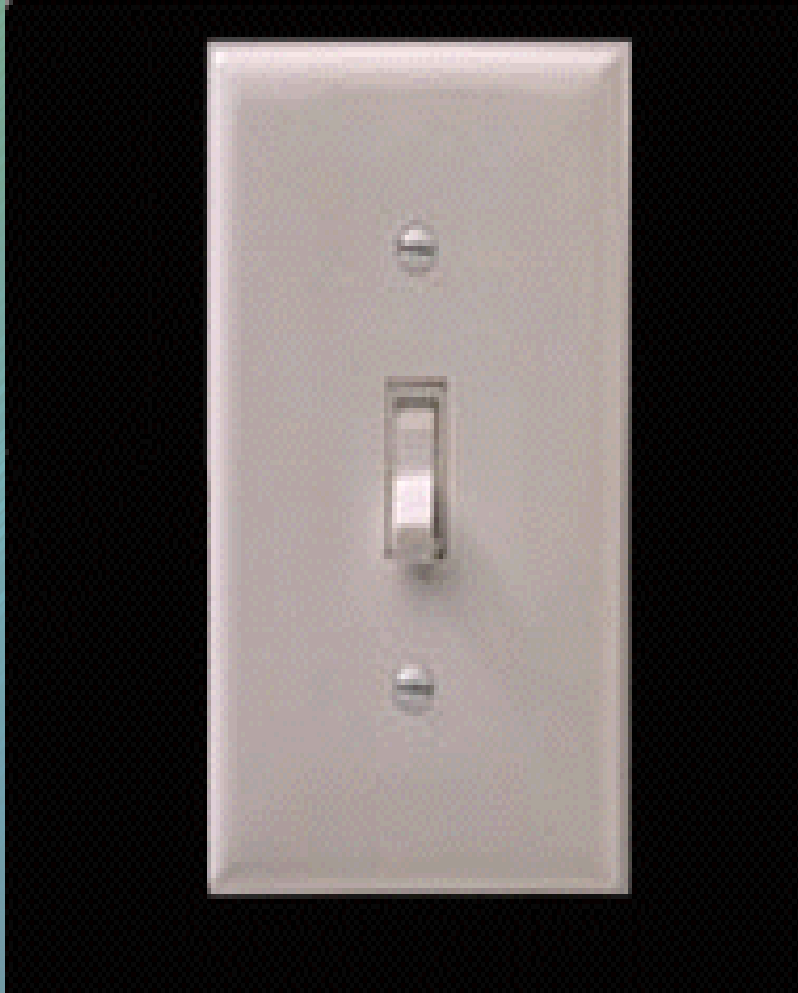








# Malingered vs. True Delusions



- Know general themes
- Abrupt onset
- Eagerness to call attention to delusion



# Suspect Malingered Delusions

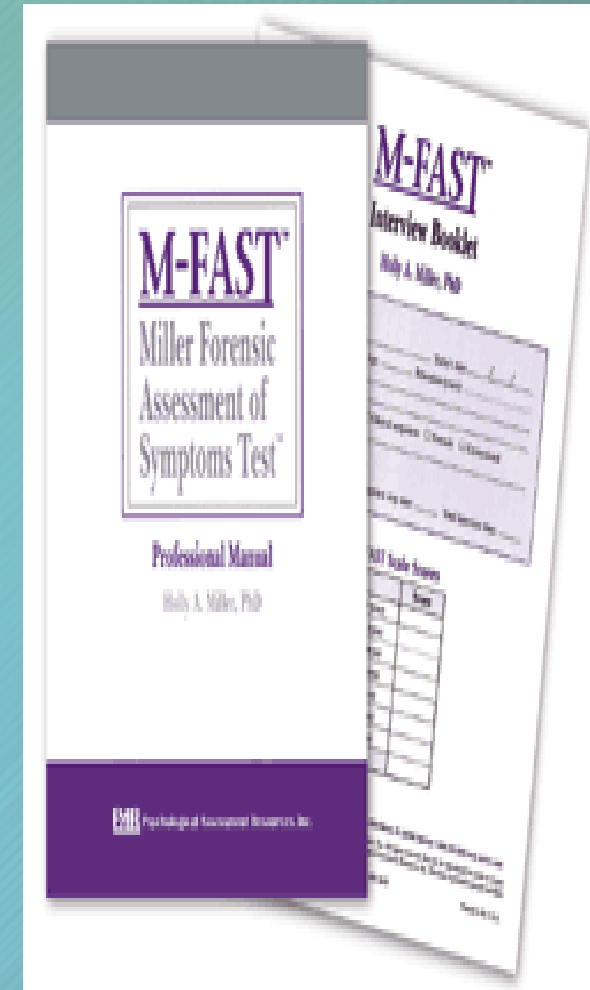
- Conduct not consistent with delusions
- Bizarre conduct without thought disorder
- Exaggerated cognitive deficit





# Miller Forensic Assessment of Symptoms of Test (MFAST)

- Screening instrument
- 25 items
- 5-minute administration
- Score of 6 indicates likely need for further testing





# Psychological Testing

- **SIRS-2**

- 172-item structured interview
- 13 strategies to consider
- Also examines observations of self-report





# Summary

- Malingering requires a determination that the person grossly exaggerated or faked symptoms with the intent to obtain a secondary gain
- Objective testing can be a useful tool to evaluate malingering
- Know typical and atypical symptoms of common psychiatric disorders



# Posttest Question 1

The most characteristic feature of Ganser's syndrome is:

1. Approximate answers
2. Clouding of consciousness
3. Somatic conversion symptoms
4. Hallucinations



# Posttest Question 2

The b test is an example of which testing approach?

1. Floor effect test
2. Symptom validity test
3. Gradient of difficulty test
4. Unusual pattern of responses test



# Posttest Question 3

Which of the following is an atypical auditory hallucination?

1. The voice is heard outside the head
2. The voice is heard inside the head, like a strong thought
3. The voice is not associated with a delusion
4. The voice comes and goes