The Detection of Malingering in Neuropsychological Assessment

Michael D. Franzen,1,2, Grant L. Iverson,2 and Lance M. McCracken2

Although malingering, or the manipulation of data by the patient, is a problem commonly faced by neuropsychologists, there has been little systematic investigation of this problem. This paper reviews the literature on the detection of malingering in assessment instruments commonly used by clinical neuropsychologists. Criticism of previous research is discussed, and suggestions are made both for future research and for clinical practice.

KEY WORDS: malingering; neuropsychological assessment; Minnesota Multiphasic Personality Inventory.

INTRODUCTION

Determining the organic contribution to a clinical presentation is a primary concern in a clinical neuropsychological evaluation. Part of that determination involves evaluating the role of motivational factors in the production of poor performance on tests of neuropsychological functions where deliberately producing poor results is sometimes known as “malingering.” Neuropsychologists often face the challenge of accurately detecting malingering in the evaluation of individuals in tort action (personal injury) suits, those facing criminal prosecution, or various disability claims. Possible consequences of failing to detect malingering accurately on neuropsychological evaluations include unjust monetary awards, avoidance of criminal prosecution, attainment of worker’s compensation, or other obvious secondary gain.

1To whom correspondence should be addressed at Department of Behavioral Medicine and Psychiatry, West Virginia University Medical Center, Morgantown, West Virginia 26506.
2Department of Psychology, West Virginia University, Morgantown, West Virginia 26506.
In treatment contexts the results are no less significant or expensive. Perhaps the most serious result of inaccurately classifying possible malingerers is delaying or withholding services from those who are truly in need. Failure to detect malingering may allow access to limited resources by an individual who is not in need, thereby reducing the availability of those resources to those who legitimately need them. On the other hand, falsely labeling someone as a malingerer may result in denial of services where they are needed. It may result in the patient being stigmatized or developing an antagonistic relationship with the health care system. Additionally, litigation on the part of the patient is a potential outcome. It is clear that accurate detection of malingering is an important issue.

It is the intent of this review to synopsize the extant clinical and experimental literature on the assessment of malingering using psychological tests in order to bring attention to the methods currently available to clinical neuropsychologists. By critically reviewing these methods we hope to describe their limitations and suggest new areas for research. Our dual purpose is to suggest directions for research as well as to provide information regarding the clinical utility of the instruments. External validity/generality, accuracy, and false positive data therefore are indispensable to a meaningful review of the technology for detecting malingering. These variables should be considered carefully when selecting an instrument, and they are presented here when possible.

Studies of malingering that specifically involve neuropsychological assessment procedures are limited. Therefore, this review will also discuss studies relating to memory, intellectual, and personality assessment as these pertain to neuropsychological assessment. The first section of this paper provides introductory information, differential diagnoses, and guidelines for the appropriate assessment of malingering. The second section delineates the detection of malingering using batteries or multiple neuropsychological assessment procedures. The next section reviews the literature on the assessment of malingered memory deficits. Finally, we discuss the use of personality assessment in the detection of dissimulation.

**Malingering and Differential Diagnoses**

The *Diagnostic Statistical Manual [(3rd ed., rev.)—DSM-III-R; American Psychological Association (ADA), 1987, p. 360]* describes malingering as the “intentional production of false or greatly exaggerated physical or psychological symptoms, motivated by external incentives such as avoiding military conscription or duty, obtaining drugs, or securing better living conditions.” Malingering is differentiated from conversion and somatoform disorders by the intentional