A Multi-Method Assessment Approach to the Detection of Malingered Pain: Association with the MMPI-2 Restructured Form

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Introduction

- Bianchini, Greve, & Glynn (2005) established specific criteria for the diagnosis of malingered pain related disability (MPRD).
- MPRD criteria incorporate various forms and sources of information:
  - Significant external incentive (e.g., financial compensation)
  - Evidence from physical examination
  - Evidence from neuropsychological testing (including symptom validity tests)
  - Exaggeration on self-report measures
  - Symptoms not accounted for by genuine dysfunction

- The Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2 RF; Ben-Porath & Tellegen, 2008) is a revised form of the MMPI-2 consisting of 238 true or false items.
- MMPI-2-RF has five over reporting validity scales:
  - F(r) (Infrequent Responses): General over reporting measure
  - Fp (Infrequent Psychopathology Responses): Indicator of over-reported severe psychopathology
  - Fs (Infrequent Somatic Responses): Measure of over-reported somatic complaints using the traditional infrequency approach
  - FBS-r (Symptom Validity): Assesses non-credible somatic and neurocognitive complaints
  - RBS (Response Bias): Detects cognitive response bias and predicts the failure of Symptom validity tests (SVT’s)

Methods

Participants

- Archival data from 169 civil litigants reporting chronic pain evaluated by the Structured Inventory of Malingered Symptomatology (SIMS)
- Evidence from neuropsychological testing (including symptom validity tests)
- Self-report and symptom validity measures were scored according to their respective manuals and research guidelines.
- Malingered Pain-Related Disability Classification:
  - Incentive Only (n = 68): Involved in compensation-seeking litigation (Criteria A) and exhibited no evidence of response bias on cognitive symptom validity tests or self-report measures.
  - Possible Malingered (n = 34): Met Criteria A and criteria for at least one other response bias indicator (either cognitive symptom validity test or self-report validity scale).
  - Probable/Definite Malingered (n = 67): Met Criteria A and exhibited below cutoff performance on at least two cognitive symptom validity measures, or performed below cutoff on one cognitive symptom validity measure and exhibited evidence of response bias on at least one self-report measure, or exhibited below chance performance on one SVT.

Procedure

- Participants completed the MMPI-2 (from which the MMPI-2 RF scales were scored), self-report measures, symptom validity tests, and neurocognitive measures as part of their clinical evaluation.

Results

- An Analysis of Variance (ANOVA) was conducted by comparing the mean T-scores of the five over-reporting validity scales across the three MPRD classifications, and is presented in Table 1.
- All scales increased significantly across the MPRD classifications from the Incentive Only to the Probable/Definite Malingered groups.
- Effect sizes were calculated for the Incentive Only group in relation to the Probable/Definite Malingered group.
- Cohen’s d values were highest for RBS (d = 1.67) and F (d = 1.63).
- Classification accuracy and predicted power at various hypothetical base rates are presented in Table 2.

Discussion

- Malingered Pain-Related Disability is associated with over-reported psychological symptoms and cognitive response bias.
- The MMPI-2 RF validity scales can contribute meaningfully to the detection of symptom exaggeration associated with MPRD.
- Future research should examine the MMPI-2 RF validity scales in regards to “No-Incentive” individuals claiming chronic pain who are not in litigation in order to better identify specificity rates for these scales.

References available on handout

Comments/Questions?

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