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**Malingering Detection: The State of the Art**

Introduction

Malingering is “the intentional production of false or grossly exaggerated physical or psychological symptoms, *motivated by external incentives* such as avoiding military duty, avoiding work, obtaining financial compensation, evading criminal prosecution, or obtaining drugs” (DSM IV TR).

Three types of malingering

There are three primary types of malingering: malingering of psychological symptoms, when a person falsely reports psychological symptoms such as anxiety, depression, or posttraumatic stress; malingering of physical symptoms, when a person falsely reports any of a wide variety of physical symptoms; and malingering of neurological symptoms, such as those caused by brain damage. This newsletter will focus on malingering of psychological symptoms and physical symptoms.

Faking Psychological Symptoms

To successfully fake psychological symptoms, the malingerer needs some minimal understanding of the psychological symptoms that he or she is faking. Malingering of physical symptoms is simpler—one simply claims medical problems, such as pain. When evaluating malingering, the psychologist is evaluating the likely honesty of claimed symptoms. The psychologist or psychiatrist is looking at the consistency of the claimed symptoms, how well they fit known diagnoses or symptom patterns, and how well they fit the situation in which they were triggered or caused. Psychologists differ from psychiatrists in that they are trained in the administration and interpretation of scientifically standardized, objective psychological tests; psychiatrists do not undergo such training. Objective psychological tests can be extremely helpful in supporting or countering claims of malingering, as they offer scientific evidence supporting the genuineness or faking of the client’s presentation.

Most common psychological tests assessing malingering

The most common psychological tests assessing malingering are the standardized self-report inventories, such as the MMPI-2, MCMI, and PAI. There are additional, excellent tests as well, but I will limit my discussion to the MMPI-2, since it is the most widely used of all psychological tests, has the biggest research base, and has excellent scales to measure the genuineness of the client's presentation. First, the MMPI-2 has validity scales. The validity of a test's findings depends on the cooperativeness and honesty of the individual taking the test. Validity scales assess whether a test taken by a person is or is not a valid and reliable representation of the person's genuine psychological state. The MMPI-2 assesses what are called test-taking attitudes. Test-taking attitudes are measures of one's approach to, or interaction with, the testing material—(i.e., whether one approached and answered the testing materials in an honest, straight-forward manner; if not, inaccurate or dishonest profiles are generated, and so a method to determine whether the tests were taken in an honest manner had to be developed).

### MMPI-2

The MMPI-2 has three basic approaches to assessing a test-taking attitude, and multiple scales to determine the validity of the testing. The other self-report inventories listed above contain some part of this approach. The three basic MMPI-2 approaches are the "cannot say" scale, the consistency scales, and the infrequency scales. The cannot say scale simply measures the number of unanswered items and adds them to the number of items in which the subject answered in both directions (because the only options on the MMPI-2 are true or false, answering both true and false gives a cannot say answer). The MMPI-2 has a cutoff when more than 30 items in the protocol were not answered. When an MMPI-2 has more than 30 such items, the test is considered invalid, because leaving more than 30 items unanswered would create inaccurate effects upon the clinical scales. The MMPI-2 has two consistency scales. These scales measure the consistency of responses across the test. If a person answers items inconsistently, the reliability and validity of the test are compromised, making the test invalid. Infrequency scales measure the number of endorsed items that are very rarely endorsed, even by those with major mental illness. Possible interpretations from the infrequency scales could include no symptom exaggeration, showing a valid profile; possible symptom exaggeration; likely symptom exaggeration; and likely malingering. The MMPI-2 also has two scales designed to measure those who hide or minimize psychological problems. One might minimize problems because of the desire to create a favorable image, the claim to be excessively virtuous, and the claim to be of higher moral character than most people would claim, and so on. The MMPI-2 attempts to tease apart some of the different reasons for such a claim, which can be very important in certain types of litigation. Overall, the MMPI-2 can show: honest and straight-forward responding, and patterns of response invalidity, such as "fake good" profiles, defensive profiles, "fake bad" profiles, exaggerated symptom profiles, and malingered profiles.

### Conclusion

It is important to note that the MMPI-2, by itself, cannot determine malingering. It can strongly suggest that the person presents in a manner consistent with that of those found to malingering, but every conclusion from the MMPI-2 is a probability statement, as it is a comparison to the norms developed in various groups. However, certain combinations of patterns on the MMPI-2 and similar self-report inventories can very strongly suggest genuineness and forthrightness, or, conversely, a pattern of lying, dissimulation, symptom exaggeration or minimization, and malingering. When such data fit well with data taken from careful interviews, history, accounts of collateral sources and other information, its scientific status can provide a powerful adjunct to the clinical methods. The MMPI-2, like all other psychological tests, can, by some particularly sophisticated test takers, be faked. In most cases, however, the MMPI-2 is both subtle and robust enough to find scientifically meaningful valid information. When information from psychological tests is combined with data from clinical interviews and additional sources, psychological tests usually prove to be an important source of information and support for the psychological expert's findings when assessing the veracity of various claims. Therefore, to assess malingering psychological testing is an important part of the psychological examination.