

# AP-LS Teaching Techniques

## “Pretend You Have a Mental Disorder”:

### Using a Malingering Simulation to Illustrate Important Topics in Forensic Evaluation and Experimental Design

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Having taught various undergraduate and graduate courses in the psychology-law area at three different universities over approximately the last decade, my experience has been that few topics spark as much student interest as the exaggeration or fabrication of mental disorders—typically referred to as *malingering*. Perhaps spurred on by famous cases in which the insanity defense was invoked (see, e.g., *Frontline: A Crime of Insanity*, 2002), myths and misconceptions about feigned insanity and incompetence to proceed (see, e.g., Butler, 2006), and/or anecdotal cases and mass media reports concerning rampant personal injury and disability scams—many ostensibly involving fabricated emotional or psychological damages (see, e.g., Hall & Hall, 2006; Resnick, 1997)—students seem fascinated by the possibility of “faking bad” in the context of criminal trials or civil litigation.

Aside from being an intrinsically interesting topic, the inherent complexities in assessing malingering (see, e.g., Rogers, 1997) and conducting research on dissimulation (see, e.g., Rogers & Cruise, 1998) also provide a number of useful opportunities to introduce students to various important aspects of forensic evaluation, test development/construction, and experimental design. In addition, the feigning of mental disorders is a topic that readily lends itself to an “active learning” educational approach (Mathie et al., 1993) that can go beyond didactic lectures in which students assume a more passive role. Although there are numerous simulations and other active learning strategies that have been developed for clinical/psychopathology courses (e.g., Balsis, Eaton, Zona, & Oltmanns, 2006; Merrens, & Brannigan, 1998) and psychology-law courses (e.g., Perry, Huss, McAuliff, & Galas, 1996; for an overview see Greene & Drew, 2007; McCarthy & Hulsizer, 2002; Otto & Fulero, 2006), to my knowledge no one has yet described the classroom utility of malingering simulations. This may be due to (a) the limited time and resources instructors have to develop or adapt such simulation methods (Faria & Wellington, 2004; Lean, Moizer, Towler, & Abbey, 2006), (b) concerns about test security in relation to the use of “real world” clinical instruments (e.g., the Trauma Symptom Inventory [TSI]; Briere, 1995) in classroom demonstrations, and/or (c) reservations about “coaching” students to be more adept at feigning (Ben-Porath, 1994).

In this column, I describe an in-class malingering simulation that I use in both undergraduate and graduate courses in forensic psychology (and psychological testing/psychometrics) in which students are instructed to attempt to simulate a mental disorder while completing a psychological inventory, the Emotional Distress Scale (EDS; Edens & Otto, 1998). The EDS is a research scale that was developed for the purpose of identifying individuals who are exaggerating or fabricating affective or anxiety disorders, such as

Major Depression or Post Traumatic Stress Disorder (PTSD). Preliminary evidence assessing its validity (Tomicic, 2001; Tomicic, Edens, Otto, & Buffington, 2000) is briefly described later in this column.<sup>1</sup>

#### The Simulation Exercise

##### *Setting the Stage*

The basic format of the simulation itself is relatively straightforward, having been distilled from actual research projects in which colleagues and I (e.g., Edens, Buffington, & Tomicic, 2000; Edens, Otto, & Dwyer, 1999) have examined the predictive utility of validity scales embedded in self-report instruments, such as the aforementioned TSI (Briere, 1995) and the Psychopathic Personality Inventory (Lilienfeld & Andrews, 1996). Typically on the first or second day of class, after reviewing the syllabus and providing a general overview of the course, I inform students that one of the most common questions in the forensic assessment field is the extent to which an examinee’s symptom presentation is genuine, exaggerated, or perhaps completely fabricated. To give them a “hands on” experience of how examiners attempt to address this question, I indicate to the students that they will be given an opportunity to simulate or “pretend” that they themselves have a mental disorder in the context of a legal case.

Students are instructed to assume the role of someone who has been involved in an automobile accident and who is suing an insurance company in an attempt to receive a large monetary payoff. Part of their claim is that they have suffered “emotional damages” from the accident and that they must be evaluated by a mental health expert who will help the courts determine the severity of their psychological symptoms. The students are then given a copy of Form A of the EDS, a true/false measure that appears to tap psychological suffering, anguish, and other symptoms of anxiety and affective disturbance. I instruct them that their task is to try to appear as if they have serious emotional problems when completing the test, without being detected as a “fake” or “fraud.” Students are then given time to answer the 69 items, which usually can be completed in ten to fifteen minutes.

##### *Performance Feedback*

After all students have finished responding to the test items, I point out that the first task in simulating an emotional problem involves demonstrating some level of severe distress or impairment—otherwise there would be no need to compensate someone who does not appear, in essence, *damaged*. Students are informed that the EDS contains an “Impairment” index that measures the level of reported distress of the examinee. I then spend two to three minutes reviewing the individual items with the class to score this particular scale (one point for each item endorsed in

the impaired direction). Students sum the items and score ranges are provided to them: No or minimal impairment; moderate impairment; severe impairment. Although students are not forced to participate in the simulation or discuss their results if they do, not surprisingly most do complete the EDS and also report that they endorsed enough of these items to fall into the “severe” range of impairment. Typically, however, at least a few in a large class will acknowledge that they obtained a total score in the “non-impaired” range. When given the opportunity to discuss their approach to the test, they usually offer that they did not endorse many items because they were too concerned about getting “caught.”

Next, students are informed that there is also a “Dissimulation” index embedded in the EDS, which is designed to detect those individuals who are feigning their emotional problems. Items comprising this scale are identified for the students (one point for each dissimulation item endorsed) and students again sum these to obtain a total score, which takes approximately two or three minutes. Interpretive total score ranges are reviewed, in which students are categorized as malingering, indeterminate, and non-malingering. Although I have not kept exact statistics over the years, I would say that approximately 75% to 90% of students each semester fall into the malingering range of performance. Those who were successful in both elevating the Impairment index and *not* elevating the Dissimulation index are given the opportunity to discuss how they approached the test and what strategies (if any) they used to avoid detection.

### **Using the Simulation as a Bridge to Discussing Research and Practice Issues**

Some of the more inquisitive students (particularly among those who were “caught”) invariably will ask, “Where did those score ranges come from?” or “How do you *know* someone with a score of *X* or above is a malingerer?” This leads into a guided discussion along the lines of “How does one build a self-report psychological test from scratch?,” which segues into a relatively short (undergraduate) or long (graduate) overview of the development and preliminary validation of the EDS. This in turn opens the door for a more informed discussion about test construction and experimental design issues that otherwise would be exceedingly dry and far-removed from most students’ personal experiences. Because they have just completed the EDS, however, they usually seem more engaged in this discussion than I think they otherwise would be.

### **Test Development and Research Design Issues**

After soliciting suggestions from the students about how they might go about designing and testing out a malingering scale on their own, I briefly review the item development phase of the EDS, in which an extensive literature and test review was conducted by the co-authors to identify content domains relevant to legitimate affective and anxiety disorders, as well as potentially exaggerated or fabricated symptoms of these domains of psychopathology. Following this review, a large number of items were rationally generated, ultimately resulting in the creation of two lengthy prototype scales (only one of which, Form A, has been the focus of any empirical research to date).

In regards to the creation of the Dissimulation and Impairment indices embedded within the EDS, I briefly describe how individual item performance was examined in initial validation studies

(Tomicic, Edens, Otto, & Buffington, 2000) using methods quite similar to the simulation that the students just completed. That is, a key aspect of the item selection process involved analog studies in which college students were given instructions to complete the instrument as if they were suffering from severe emotional distress. One of the main criteria for considering items for inclusion in the Dissimulation index was that they had to discriminate between malingered protocols and protocols from other college students who were instructed to answer honestly. Although it is important to not get too bogged down in the minutia (particularly with undergraduates), I usually also note a second selection criterion: to be retained items also had to be negligibly related to *legitimate* symptoms of emotional distress (as measured via the Depression Anxiety Stress Scales [DASS; Lovibond & Lovibond, 1995]) among those students who completed the EDS with instructions to answer honestly. For the Impairment index, initial item retention decisions were more straightforward. The primary inclusion criterion was that items were selected for this scale if they *did* correlate highly with the DASS (again in the “honest” condition).

The guided discussion regarding test construction described above allows for the introduction of several issues regarding the inherent difficulties in using simulation studies to develop validity scales and conduct research on malingering. For example, I always seek input from students concerning how they believe they might differ from actual malingerers in applied settings. They typically are quick to identify potential or likely differences in motivation and incentives that may undermine the extent to which results from college student “fake fakers” generalize to “real malingerers” in real cases. For example, it is obvious to them that it is virtually impossible in a simulation to re-create the “stakes” involved in an actual civil suit, such as the possibility of receiving thousands if not millions of dollars in compensation—or the potential humiliation of being exposed as a fraud.

As well as potential limitations of the “experimental group” in simulation studies, another methodological issue that warrants considerable discussion time is the selection of appropriate control groups in the development of scales intended to assess for feigned psychopathology. For example, if a student does not spontaneously ask this question during the review of the EDS validity data, I always ask “Now, do we *really* care whether a malingering scale can accurately differentiate between college students who are faking PTSD or Major Depression and college students who do not have such disorders?” With minimal prompting students usually are quick to grasp the need for an appropriate control sample of individuals who have the condition that the simulators are attempting to mimic. “Honest responding” college students who served as controls in the initial EDS development studies provide little or no insight into whether *someone who actually has a disorder* might be misclassified as a malingerer.

After the control group issue is broached, I briefly describe EDS data collected from a small sample of psychiatric patients diagnosed with affective and anxiety disorders who were receiving treatment at a county jail facility (Tomicic, 2001). These individuals were instructed to answer the items honestly; their scores on the Dissimulation and Impairment indices were then used, in conjunction with the college student simulation data described earlier, to develop the experimental decision rules concerning who



would be identified as “impaired” and “malingering.” That is, the cut score described to students earlier as indicating that someone was classified in the malingering range was derived specifically by selecting the Dissimulation score that optimally differentiated the patient data from the simulator data.

Similar to the discussion of whether results from simulators generalize to “real” malingerers, the brief review of the patient sample data and the consequent decision rules should lead to (yet another) guided class discussion of generalizability issues: “Should we have much confidence that the EDS results from a control group of *jailed psychiatric patients* would necessarily be applicable to other contexts, such as an examination conducted in relation to personal injury litigation?” This question, of course, can open the door to many other important topics, such as some of the limitations of “criterion-keyed” test validation methods, the critical need for cross-validation research in test construction, and whether any of the ostensible “control” participants themselves might have been exaggerating their symptoms.

Finally, as might be guessed, the brief review of the extant EDS validity data provides an opportunity to introduce important statistical concepts, which also have applications beyond the simulation itself. Basic terminology used in relation to classification accuracy is introduced (e.g., “true positives” being those students who were accurately identified as malingering on the Dissimulation index; “false negatives” being those students who successfully “beat” the scale; “false positives” being those jail inmates who scored in the malingering range). In graduate courses, the raw data derived from the simulation itself combined with the patient data can be used in 2 x 2 contingency tables to illustrate more elaborate diagnostic efficiency statistics (e.g., sensitivity, specificity, positive and negative predictive power), although such information tends to be a bit too overwhelming for undergraduates—at least on the first or second day of class.

In addition to the statistical issues, I strive to ensure that the class also discusses and debates moral/ethical questions, such as which type of “error” they believe would be more problematic in applied settings: an “honest” respondent labeled a malingerer—or a malingerer labeled as an “honest” respondent? I also highlight how these types of issues can influence the selection of the “cut scores” (or range of scores) that authors provide to interpret scores on their scales. If, for example, one is especially concerned about potentially mislabeling an “honest” respondent as malingering, one can choose to “set the bar high”—with the consequent result of increasing the likelihood of false negatives. This can be easily illustrated in relation to the simulation exercise by considering how a higher cut-off for malingering on the Dissimulation scale would increase the proportion of people who “beat” the test in class.

### *Professional and Legal Issues*

The brief review of the development and preliminary validation of the EDS also provides the opportunity to discuss important professional and legal issues, such as whether the students believe the results of an experimental scale such as the EDS should be used as evidence in a court of law. At this point I typically introduce admissibility standards related to expert evidence, including a discussion of whether the EDS would meet Daubert or Frye standards. Depending on time constraints, this can also segue

into a discussion of the role of the judge as the ultimate gatekeeper concerning the admissibility of psychological tests of questionable validity, as well as examples of law firms that advertise their ability to successfully “Daubertize” expert witnesses and prevent them from testifying about malingering evidence (see, e.g., Monnett, & Jordan, 2007). If time permits, I highlight potential differences between what may be legally admissible evidence (e.g., hypothetically, a judge might in fact decide to admit evidence from an experimental scale in a personal injury case) and what constitutes professionally acceptable conduct in the field of psychology, noting that even a cursory reading of the ethical standards of the American Psychological Association (American Psychological Association Ethics Committee, 2002) would suggest that it would be unethical to rely on a research instrument such as the EDS in a real-world personal injury case at this time.

Although not essential, it is also informative to ask students their opinions about what, if anything, the legal system should do with individuals who are judged to be malingering. These opinions can be compared and contrasted with what has happened in actual cases in which examinees have been labeled as malingerers in civil or criminal cases. For example, those who are alleged to be feigning may be denied disability benefits (e.g., *EBI/Orion Group v. Blythe*, 1998) or experience other negative repercussions (e.g., Rappaport, 2006). In the federal criminal justice system, ostensibly mentally ill defendants who have subsequently been identified as feigning their disorders have on occasion received sentence *enhancements*, resulting in longer prison terms specifically because they were judged to have been “faking” (see, e.g., *U.S. v. Greer*, 1998; *U.S. v. Batista*, 2007).

### **Variations on a Theme**

There are numerous potential modifications to the basic simulation format described above. For example, although I tend to conduct this exercise very early in the semester, one could wait until later when reviewing forensic assessment issues where this simulation would be more directly relevant. Another variation would be that one could inform the students about the simulation during the class *preceding* the administration of the EDS. This would allow them a certain degree of preparation time, during which they could be encouraged to research how they might like to present themselves or they could simply be “left to their own devices.” One industrious student recently offered that—with no prompting from me—she researched symptoms of PTSD on the internet between classes. Additionally, in an attempt to increase student motivation, one could take a somewhat *faux*-adversarial tone with the class and challenge them to try their best to “beat” your test. Another potential variation would be to change the context to a criminal rather than civil case, such as an insanity trial involving a PTSD-related defense.

A number of modifications could be used to further illustrate various methodological issues regarding experimental design as well. For example, one could vary the amount of information provided when reviewing the instructions by randomly providing half the class with a written list of relevant PTSD symptoms. One could also vary the extent to which some students are provided written warnings about the “Dissimulation” items, simulating the potential implications of the types of coaching known to occur in some cases. Subsequent discussion of these manipulations and their



impact on class performance can illustrate important topics in research design that go beyond the simulation itself.

### Caveats

Although I believe this exercise is useful in many respects, there are several qualifications to keep in mind—each of which can also serve as an important discussion point following the simulation. First, given concerns about coaching (Ben-Porath, 1994), it is important to stress to students that their performance on the EDS likely has little to do with their capacity to successfully feign PTSD, “emotional damage,” or related constructs in a real case. Although I seriously doubt any student would use this exercise as a springboard to insurance fraud, I feel compelled to stress the point to all the participants—particularly the few “false negatives”—that real-world evaluations are much more extensive and use instruments that are much better validated than the EDS. On a related note, I also always mention that it is not appropriate to use a clinical instrument (such as the TSI) for a classroom demonstration and only allow them to complete the EDS because it is a research scale that is not used in “real-world” settings. Finally, even though it is “only” a research instrument, I make a point of collecting (and shredding) all copies of the EDS once the demonstration is completed. Although I again doubt that any harm would actually come of it, there is really no legitimate reason that a student should keep a copy of the scale.

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### (Footnotes)

- <sup>1</sup> Readers who would like to use the EDS for classroom demonstration purposes should contact the author to request a copy of the scale and the scoring criteria.



The Teaching Techniques column, sponsored by the AP-LS Teaching, Training, and Careers Committee, offers useful ideas for those of us who teach (or who plan to teach) courses in Psychology and Law, Forensic Psychology, or more specialized areas of legal psychology. We hope that the Teaching Techniques column of the Newsletter will become the best place to find activities, simulations, and demonstrations that engage students in the learning process and help professors to teach important content in psychology and law.

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### **Expert Opinion Column** *Continued from p. 9*

#### **Parole and Mental Health Aftercare**

Increasingly, states and localities have come to see the folly of releasing inmates with serious mental illness without attending to their mental health treatment needs upon release. The offenders themselves are frequently accused of non-compliance and disparagingly called “treatment-resistant clients.” Little attention is played to the equally vexing problem of client-resistant treatments. The stigma of prison can affect the way in which potential clients are received by community mental health providers.

In California, special mental health clinics, employing many psychologists, have been created specifically for parolees. The New York State Division of Parole and the New York State Office of Mental Health have had a long and cooperative collaboration to provide services targeted to the parolees who need them most.

Until recently, psychological researchers paid little attention to parole. Dr. Skeem and her colleagues are working hard to address this gap in the research, with service evaluation research aimed at identifying successful strategies to maintain mentally ill offenders after they are released.

#### **Conclusion**

In my opinion, it is a mistake to think of forensic clients as a different species of people with SMI and COD. The Strategic Intercept Model, in real life, is not linear but cyclical. “Forensicness” is not a type of person but a type of episode that can occur once or repeatedly in a person’s life, depending in large part upon the things that are done to the person and for the person at various stages in the process. In this brief article, I have tried to suggest some crucial roles that some (but not nearly enough) psychologists are playing, roles that are helping to enrich lives and make communities safer places to live.

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