THE WETC PSYCHOLOGY NEWSLETTER

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How Good Are People at Faking Psychiatric Injuries?

Many years ago I had a graduate student who ultimately went on to get her doctorate at UCLA. Prior to becoming a graduate student at UCLA she was an aspiring actress. Her acting career did not go well so she decided to complete her education. In order to help pay for school, she sought a job and was hired by the medical school to be a "patient." It was her job to simulate various disorders that were presented to the medical students and interns so that they could see the clinical presentation of a person with a specific disorder. At times she worked in the Psychiatry Department "faking" mental disorders. In order to do this, she spent many hours not only learning the symptoms from the diagnostic manual but practicing her presentation with her friends, many of whom had backgrounds in psychology and would critique her performances. Eventually, she got pretty good at her job and was able to satisfy the psychiatrist in charge of training, but it took a lot of hard work and many hours.

"Coaching" Applicants to Fake Signs and Symptoms of Psychiatric Disorders

One fact that can be gleaned from the research and writing in forensic psychology is that some attorneys, of course none who we know, have attempted to coach plaintiffs and/or applicants who have personal injury and workers' compensation lawsuits. In fact, Dr. Christopher Cronin, a practicing forensic psychologist with a Ph.D. in psychology from the University of Delaware, has gone as far as saying, "Attorneys may coach their clients on how to respond to psychological testing and some attorneys argue that it is their ethical obligation to assist their client in this way and failure to do so could be construed as malpractice." (http://www.all-about-forensic-psychology.com/malingering.html). I have also seen references in the literature that as many as 50% of attorneys have coached their clients. However, from my perspective, if they are doing so, they are not being very effective in psychological cases.

> *"if the person I saw is good enough to fool me with their acting by either "faking bad" or "faking good" then they are wasting their time working in an office, a warehouse or selling shoes and should get themselves an agent, and book some starring roles in the movies, which would obviously lead them to an Academy Award."*

Faking on the Minnesota Multiphasic Personality Inventory (MMPI)

When it comes to psychological evaluations, they almost invariably include psychological testing. In this regard, the most frequently used test in forensic batteries is the Minnesota Multiphasic Personality Inventory (MMPI). I suppose there are people out there who think that they can fool this test. However, published research in refereed journals indicates that this is simply not true. Moreover, I can tell you from my own experience as a college professor how likely a potential faker is to "fool" the MMPI.

For many years I taught a graduate level introduction to clinical psychology class at the university. Part of my job was to acquaint students with the MMPI. In order to do so, I asked them to take the test. Upon completion, they scored the test on a computer and then we talked about the meaning of various patterns of scoring. However, I could not ask students to take the test honestly, because if they did, and they turned out to have some previously unknown psychopathology or personality quirks, it would be

unethical for me to reveal that to them. So each quarter I picked a different disorder from the current American Psychiatric Association diagnostic manual, the DSM, and asked them to try to simulate or fake that disorder. Now each quarter I had 25 to 30 students in the class and not a single one over the years I taught the course was able to get past the validity scales, which identify people who are trying to fake psychopathology. Now these were not psychologically unsophisticated people, like most of the applicants and plaintiffs in workers' compensation and personal injury litigation, but none of them could successfully fake psychopathology. Now what does this tell you?

Faking In a Clinical Interview

Now I suppose if an individual is inclined to try to fake, say, a clinical depression, they could go on-line and read a description of a clinically depressed person. They could then come into the doctor's office and claim those symptoms. If the doctor was inexperienced enough, did not care about what they were doing, or had an agenda that included finding psychopathology where none existed, they could simply write up the patient's history without further ado. However, if they were a competent interviewer, they would start asking questions about the qualitative nature, frequency, intensity, duration, onset and course of the complaints that would not be answerable in an intelligible fashion by someone trying to fake a disorder. Essentially, by asking enough questions, especially the same questions in different ways at different times, no one can keep up with a professional interviewer and eventually they will provide inconsistent responses or take refuge in vague and evasive answers and be tripped up. So the bottom line here is that the doctor would either have to be incredibly incompetent or sufficiently motivated, probably by greed, to find a "faked" disorder to be real.

Oscar Night

Finally, on occasions I have had some defense attorneys and insurance adjusters tell me that they believe that an applicant or a plaintiff who I have diagnosed with a psychological disorder is "acting." Similarly, I have had some applicant attorneys tell me that an applicant who clearly had no psychological signs or symptoms and obviously nothing wrong with them was "lying." In the case of the defense attorneys and insurance adjusters, they typically point out that the person could easily have obtained the needed information from the Internet. In the case of the applicant attorneys, they often say that the person was in denial or embarrassed or influenced by cultural factors. To these persons I simply say that if the person I saw is good enough to fool me with their acting by either "faking bad" or "faking good" then they are wasting their time working in an office, a warehouse or selling shoes and should get themselves an agent, and book some starring roles in the movies, which would obviously lead them to an Academy Award.

This is the forty-third of a series of monthly newsletters aimed at providing information about psychological evaluations and treatment that may be of interest to attorneys and insurance adjusters working in the areas of workers' compensation and personal injury. If you have not received some or all of our past newsletters listed on the next page, and would like copies, send us an email requesting the newsletter(s) that you would like forwarded to you.

February, 2009 – Litigation Problems With The GAF

March, 2009 – Common Flaws In Psych Reports

April, 2009 – The Minnesota Multiphasic Personality Inventory (MMPI)

May, 2009 – Apportioning Psychiatric Disability In Workers' Compensation cases And Assessing Aggravation In Personal Injury Cases

June, 2009 - Subjectively Interpreted Projective Psychological Tests

July, 2009 - Sleep Disorders And Psychiatric Injuries

August, 2009 - Posttraumatic Stress Disorder

September, 2009 - Compulsive Computer Use Disorder

October, 2009 - Major Depressive Disorder

November, 2009 - The Millon Tests

December, 2009 - Psychological Factors Affecting Medical Condition

January, 2010 - Pain Disorders

February, 2010 - Common flaws in psych reports #2

March, 2010 - Drugs: Use, Abuse and Dependence

April, 2010 - Common Flaws In Psych Reports #3

May, 2010 - "Impossible" MMPI-2 scores and their consequences for litigation

June, 2010 - Adjustment Disorders

July, 2010 - Bipolar Disorders

August, 2010 - Mental Status Examination

September, 2010 - Symptoms, Signs and the GAF: A Potential Litigation Problem

October, 2010 - What vs. Why: Determining Causality in Psych Cases

November, 2010 - Tightrope Walking and the GAF

December, 2010 - Apportioning Psychiatric Injuries: A More Complete View

January, 2011 - Personality Disorders

February, 2011 - Apportioning Psychiatric Disability With Multiple Orthopedic Injuries

March, 2011 - How To Cx a Shrink

April, 2011 - The Mental Status Examination - Revisited

May, 2011 - Dysthymic Disorder

June, 2011 - The Credibility of Psychological Diagnoses

July, 2011 – Physical and Psychiatric Injuries: A Tale of Three Patients

August, 2011 – Panic Attacks and Panic Disorders

September, 2011 – Psychological Treatment Records

October, 2011 – Anger: An Overlooked Injury

November, 2011 – Neuropsychology and Psychiatric Injuries

December, 2011 – GAF: What Every Litigator Needs to Know

January, 2012 – Violence in the Workplace

February, 2012 – Malingering (V65.2)

March, 2012 – Apportionment of Orthopedically Produced Permanent Psychiatric Disability: Food For Thought

April, 2012 – Depositions are War! How to Win!

May, 2012 –Biofeedback

June, 2012 – The Epworth Sleepiness Scale

July, 2012 - The Nietzsche Factor in Apportionment