

# Professional Practice Guidelines for the Use and Interpretation of SVTs: The Time Has Come

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May 20, 2011  
London, England

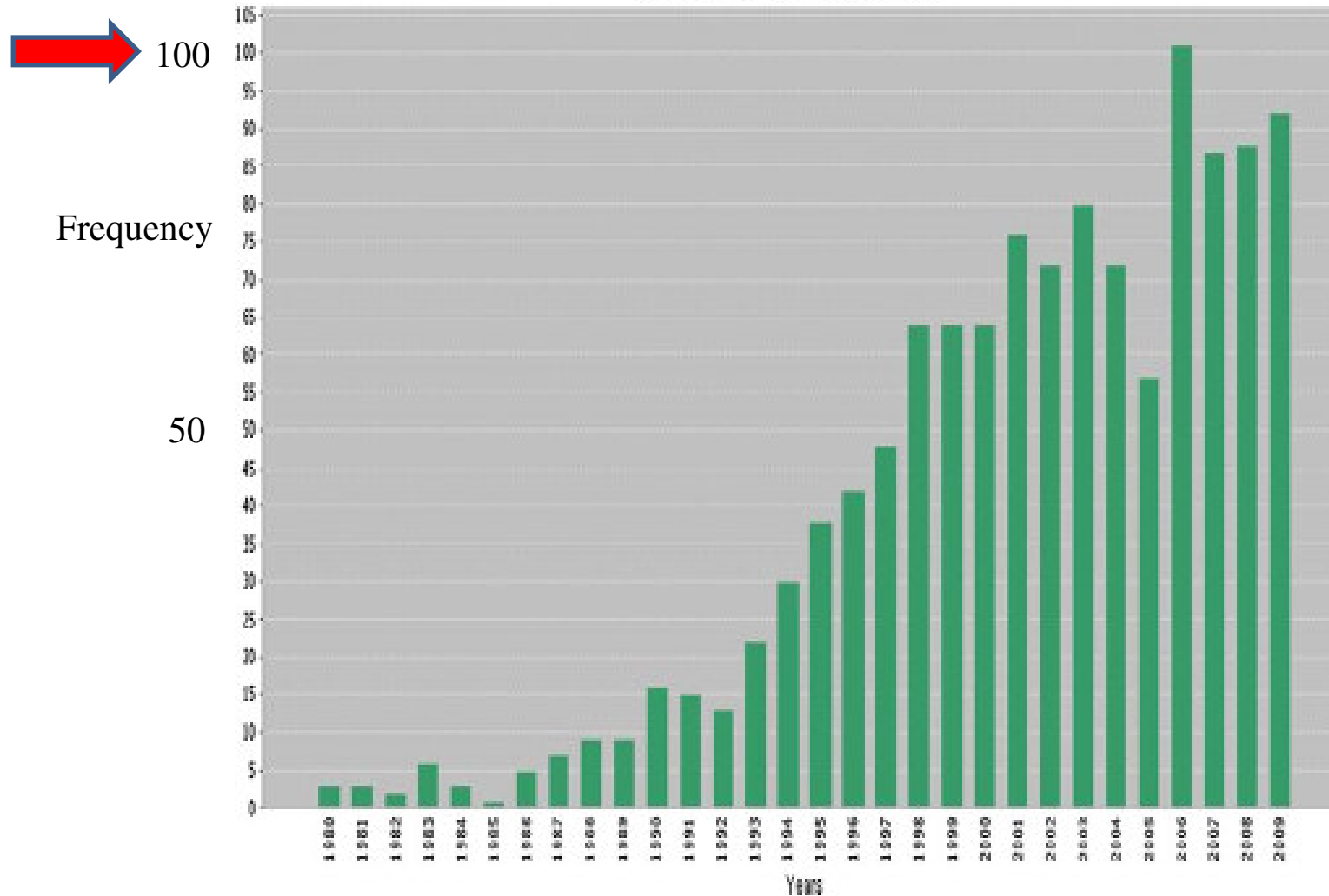
## Preview

- Statements of *the obvious*
  - Symptom validity testing is a mature area in terms of research and practice
  - SVTs are uniquely ‘owned’ by psychology
  - Within neuropsychology, SVT research literature is more well developed than most other *clinical* topics
  - To the extent that *some* view SVTs as “controversial”, it is merely a pseudo-controversy for a very small minority
- Review what clinicians ‘should’ be doing
- With regard to SVTs, neuropsychologists have all the guidance that is needed!

## “The Obvious”

Annual publications with keyword “malingering” from 1980 to 2009.

Source: ISI Web of Knowledge.



Nelson, N. & Berry, D. (2010). DSM-5 and malingering: A modest proposal. *Psychological Injury and Law*, 3, 295-303.

# “The Obvious”

## *Neuropsychology’s Knowledge Base is Uniquely Well Developed*

Medline searches of keywords in the title or keywords:

“Malingering” – produced 2,341 results (title or keyword)

Of the 100 most recent journal articles in English:

- 41 - Neuropsychology journals
- 28 - Psychology journals
- 13 - Medicine journals
- 3 - Neurology journals
- 8 - Psychiatry journal
- 5 - Multidisciplinary journal
- 2 - Other journal
  
- 90 - Articles by psychologists (1st author)
- 4 - Articles by psychiatrists (1<sup>st</sup> author)
- 4 - Articles by physicians (1<sup>st</sup> author)
- 2 - Articles by other (1<sup>st</sup> author)

# “The Obvious”

Relevant literature often extensive on very specific topics

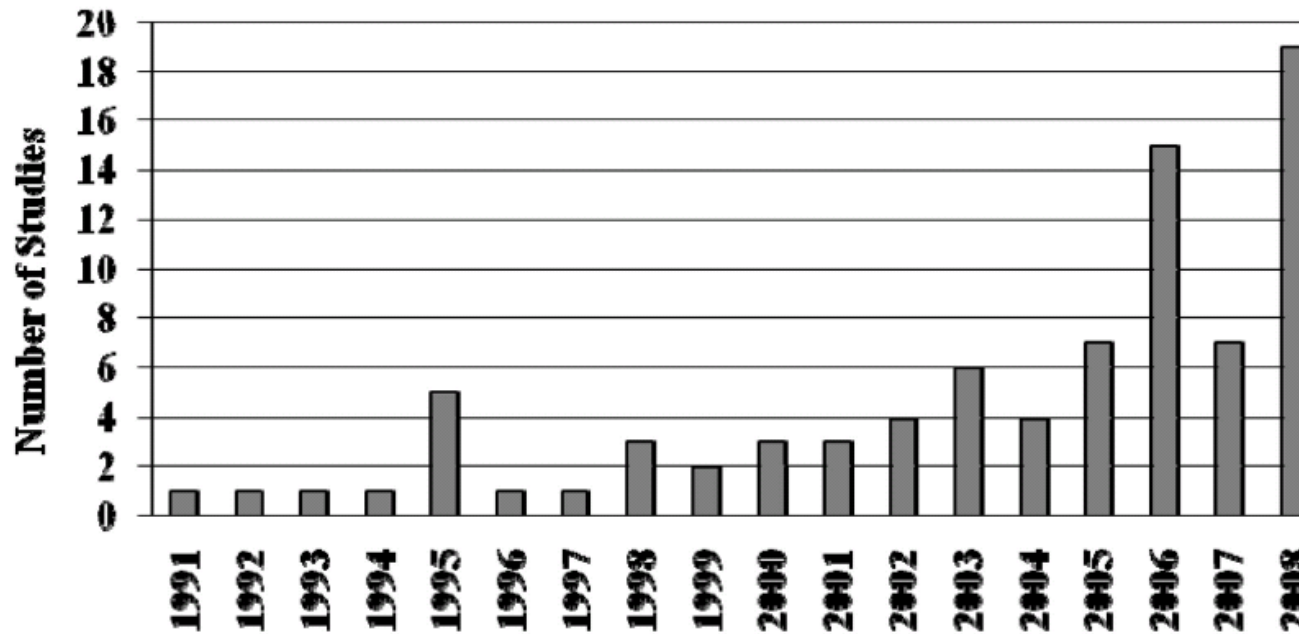
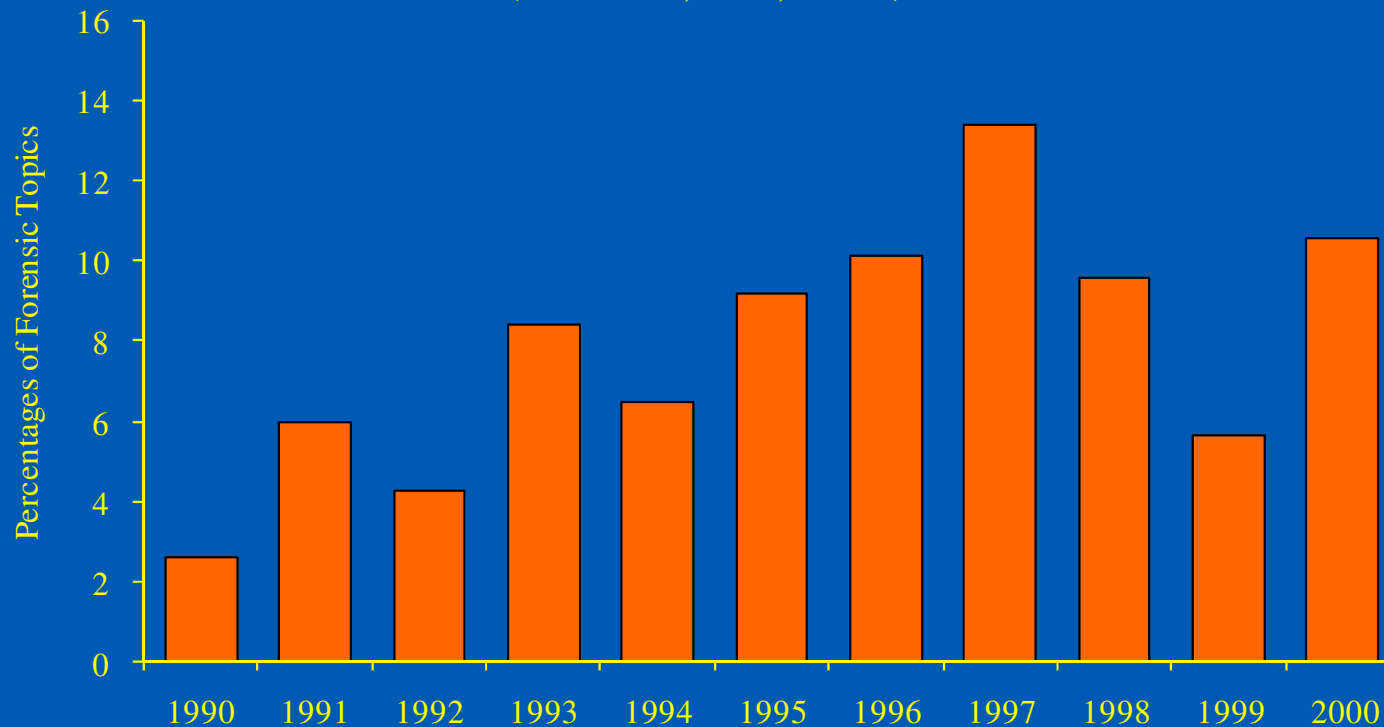


Figure 1 Frequency of Symptom Validity Scale (FBS) studies by year.

Nelson, N. W., Hoelzle, J. B., Sweet, J. J., Arbisi, P. A., & Demakis, G. J. (2010). Updated meta-analysis of the MMPI-2 Fake Bad Scale: Verified utility in forensic practice. *The Clinical Neuropsychologist*, 24, 701-724.

# “The Obvious”

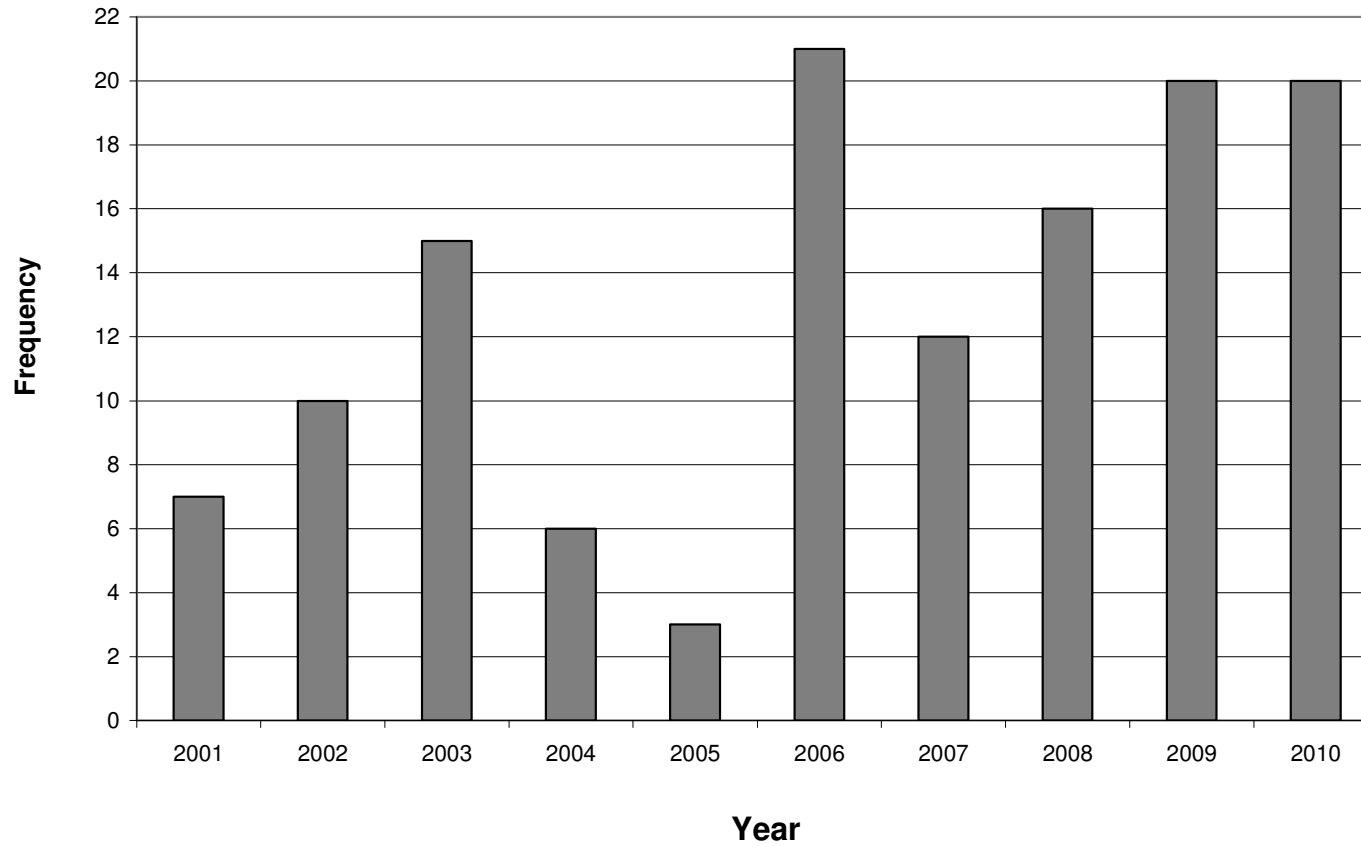
Percentages of Primary Forensic Articles from 1990 to 2000  
(from ACN, TCN, JCEN)



Sweet, J., King, J., Malina, A., Bergman, M., & Simmons, A. (2002). Documenting the prominence of forensic neuropsychology at national meetings and in relevant professional journals from 1990-2000. *The Clinical Neuropsychologist*, 16, 481-494.

# “The Obvious”

Frequency of Forensic Articles in TCN



# “The Obvious”

*Neuropsychology's* Knowledge Base is Very Well Developed

Examples from *The Clinical Neuropsychologist*

## Number of Articles from 2001-2010

Malingering = 88 (2010-present =12)

Alzheimer's disease = 37 (2010-present =6)

Stroke/cerebrovascular disease = 36 (2010-present =4)

Mild cognitive impairment = 15 (2010-present =3)

Parkinson's disease = 13 (2010-present =3)



# “The Obvious”

*Neuropsychology's Knowledge Base is Very Well Developed*

*Examples from Archives of Clinical Neuropsychology*

## Number of Articles from 2001-2010

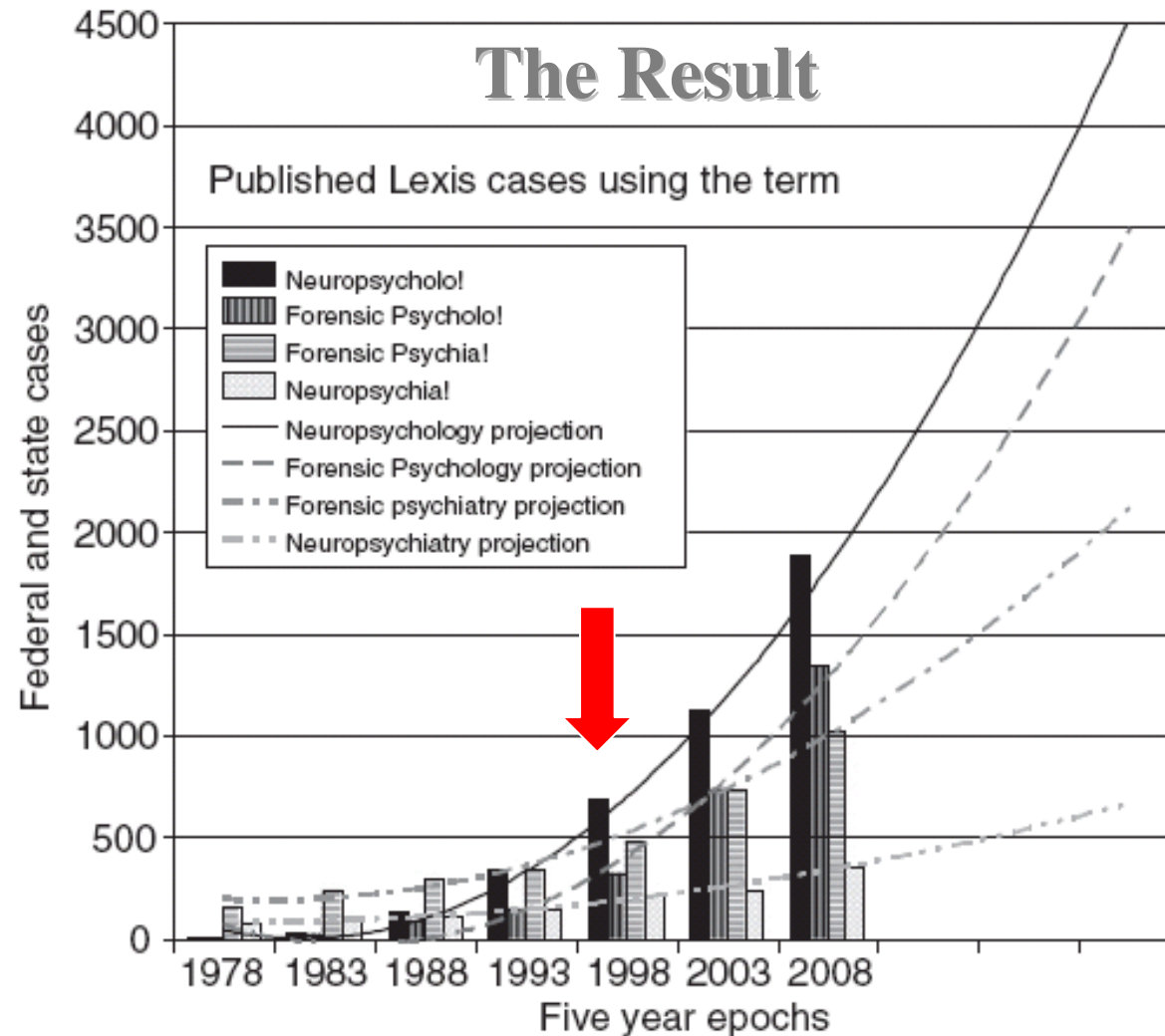
Malingering = 81 (2010-present =12)

Alzheimer's disease = 58 (2010-present =10)

Stroke/cerebrovascular disease = 29 (2010-present =2)

Mild cognitive impairment = 24 (2010-present =7)

Parkinson's disease = 17 (2010-present =2)



**Figure 1** Number of United States federal and state cases using the root terms Neuropsycholo!, Forensic Psycholo!, Forensic Psychia!, and Neuropsychia! in 5-year epochs for the past 30 years used as a basis for polynomial regression projections for the next 15 years.

Kaufman, P. (2009). Protecting data and psychological tests from wrongful disclosure: A primer on the law and other persuasive strategies. *The Clinical Neuropsychologist*, 23, 1130-1159.

# Coalescence of Practice Information

## By Authority and Influence

- Literature Review (Narrative)
- Meta-Analytic Review
- Position Paper
- Consensus Conference Statement
- Practice Guidelines
- Practice Standards

**Set by  
profession**

**Set by community  
(aka lawyers/courts)**

# “The Obvious”

The Knowledge Base is Very Well Developed

- More so than most other topics
  - Limited to psych and neuropsych journals, run some searches with malingering or SVT or Effort versus other common topics: total and in 2010
- Unparalleled in Other Disciplines
  - Run searches in med journals looking for MD authors on malingering or SVT or Effort versus in psych and neuropsych journals with PhD authors
  - The comparison of difficulty finding presenters for a multidisciplinary panel

# Literature Reviews: SVTs and Malingering

- Aronoff, G. Mandel, Genovese, E., Maitz, E., Dorto, A., Klimek, E., & Staats, T. (2007). Evaluating malingering in contested injury or illness. *Pain Practice, 7*, 178-204.
- Bianchini, K.J., Mathias, C.W., & Greve, K.W. (2001). Symptom validity testing: A critical review. *The Clinical Neuropsychologist, 15*, 19-45.
- Binder, L.M. & Rohling, M.L. (1996). Money matters: A meta-analytic review of the effects of financial incentives on recovery after closed-head injury. *American Journal of Psychiatry, 153*, 7-10.
- Etcoff, L.M., & Kampfer, K.M. (1996). Practical guidelines in the use of symptom validity and other psychological tests to measure malingering and symptom exaggeration in traumatic brain injury cases. *Psychology Review, 6*, 171-201.
- Guriel, J., & Fremouw (2003). Assessing malingered posttraumatic stress disorder: A critical review. *Clinical Psychology Review, 23*, 881-904.
- Haines, M.E. & Norris, M.P. (1995). Detecting the malingering of cognitive deficits: An update. *Neuropsychology Review, 5*, 125-148.
- Hall, R.C.W., & Hall, R.C.W. (2006). Malingering of PTSD: Forensic and diagnostic considerations, characteristics of malingerers and clinical presentations. *General Hospital Psychiatry, 28*, 525-535.
- Iverson, G.L. & Binder, L.M. (2000). Detecting exaggeration and malingering in neuropsychological assessment. *Journal of Head Trauma Rehabilitation, 15*, 829-858.
- Lynch, W.J. (2004). Determination of effort level, exaggeration, and malingering in neurocognitive assessment. *Journal of Head Trauma Rehabilitation, 19*, 277-283.

## Literature Reviews: SVTs and Malingering (cont.)

Miller, W., & Miller, E. (1992). Malingering and neuropsychological assessment. *Physical Medicine and Rehabilitation*, 6, 547-563.

Nies, K., & Sweet, J. (1994). Neuropsychological assessment and malingering: A critical review of past and present strategies. *Archives of Clinical Neuropsychology*, 9, 501-552.

Rohling, M. (2004, Summer/Fall). Who do they think they are kidding: A review of the use of symptom validity tests with children. *Newsletter 40 (Division of Clinical Neuropsychology)*, 22, 1 & 21-26.

Rogers, R., Harrell, E., & Liff, C. (1993). Feigning neuropsychological impairment: A critical review of methodological and clinical considerations. *Clinical Psychology Review*, 13, 255-274.

Rogers, R., & Payne, J. (2006) Damages and rewards: Assessment of malingered disorders in compensation cases. *Behavioral Sciences and the Law*, 24, 1-14.

Sharland, M., & Gfeller, J. (2007). A survey of neuropsychologists' beliefs and practices with respect to the assessment of effort. *Archives of Clinical Neuropsychology*, 22, 213-224.

Slick, D., Sherman, E., & Iverson, G. (1999). Diagnostic criteria for malingered neurocognitive dysfunction: Proposed standards for clinical practice and research. *The Clinical Neuropsychologist*, 13, 545-561.

Slick, D., Tan, J., Strauss, E., & Hultsch, D. (2004). Detecting malingering: A survey of experts' practices. *Archives of Clinical Neuropsychology*, 19, 465-473.

Vanderploeg, R. & Curtiss, G. (2000). Neuropsychological validity and malingering assessment: A critical review and discussion. *Brain Injury Source*, 4, 14-16 & 43-45.



# Meta-Analytic Reviews: SVTs and Malingering

- Baer, R. Wetter, M., & Berry, D. (1992). Detection of underreporting of psychopathology on the MMPI: A meta-analysis. *Clinical Psychology Review, 12*, 509-525.
- Berry, D., Baer, R., & Harris, M. (1991). Detection of malingering on the MMPI: A meta-analysis. *Clinical Psychology Review, 11*, 585-598.
- Binder, L. & Rohling, M. (1996). Money matters: A meta-analytic review of the effects of financial incentives on recovery after closed-head injury. *American Journal of Psychiatry, 153*, 7-10.
- Green, D. & Rosenfeld, B. (2011). Evaluating the gold standard: A review and meta-analysis of the Structured Interview of Reported Symptoms. *Psychological Assessment, 23*, 95-107.
- Hawes, S. & Boccaccini, M. (2009). Detection of overreporting of psychopathology on the Personality Assessment Inventory: A meta-analytic review. *Psychological Assessment, 21*, 112-124.
- Jasinski, L., Berry, D., Shandera, A., & Clark, J. (2011). Use of the Wechsler Adult Intelligence Scale Digit Span subtest for malingering detection: A meta-analytic review. *Journal of Clinical and Experimental Neuropsychology, 33*, 300-314.
- Nelson, N., Sweet, J., & Demakis, G. (2006). Meta-analysis of the MMPI-2 Fake Bad Scale: Utility in forensic practice. *The Clinical Neuropsychologist, 20*, 39-58.
- Nelson, N., Hoelzle, J., Sweet, J., Arbisi, P., & Demakis, G. (2010). Updated meta-analysis of the MMPI-2 Symptom Validity Scale (FBS): Verified utility in forensic practice. *The Clinical Neuropsychologist, 24*, 701-724.
- Reznek, L. (2005). The Rey 15-item memory test for malingering: A meta-analysis. *Brain Injury, 19*, 539-543.
- Rogers, R., Sewell, K., Martin, M., & Vitacco, M. (2003). Detection of feigned mental disorders: A meta-analysis of the MMPI-2 and malingering. *Assessment, 10*, 160-177.
- Vickery, C., Berry, D., Inman, T., Harris, M., & Orey, S. (2001). Detection of inadequate effort on neuropsychological testing: A meta-analytic review of selected procedures. *Archives of Clinical Neuropsychology, 16*, 45-73.

# Book Chapter Reviews: SVTs and Malingering

Binder, L. (1992). Deception and malingering. In A. Puente & R. McCaffrey (Eds.) *Handbook of neuropsychological assessment: A biopsychosocial perspective*. New York: Plenum.

Hayes, J., Hilsabeck, R., & Gouvier, W.D. (1999). Malingering traumatic brain injury: Current issues and caveats in assessment and classification. In N. Varney & R. Roberts, (Eds.) *The evaluation and treatment of mild traumatic brain injury*. Mahwah, NJ: Lawrence Erlbaum.

Larrabee, G. (2005). Assessment of malingering. In G. Larrabee (Ed.), *Forensic neuropsychology: A scientific approach* (pp. 115-158). New York: Oxford University Press.

Larrabee, G., Greiffenstein, M., Greve, K., & Bianchini, K. (2007). Refining diagnostic criteria for malingering. In G. Larrabee (Ed.), *Assessment of malingered neuropsychological deficits* (pp. 334-371). New York: Oxford University Press.

Millis, S. (2004). Evaluation of malingered neurocognitive disorders. In M. Rizzo & P. Esslinger (Eds.), *Principles and practice of behavioral neurology and neuropsychology* (pp. 1077-1089). Philadelphia: W. B. Saunders.

Millis, S. & Putnam, S. (1996). Detection of malingering in postconcussive syndrome. M. Rizzo & D. Tranel (Eds.), *Head Injury and Postconcussive Syndrome* (pp. 481-498). New York: Churchill Livingstone.

Sweet, J. (1999). Malingering: Differential diagnosis. In J. Sweet (Ed.) *Forensic neuropsychology: Fundamentals and practice*. New York: Psychology Press.



## Books on SVTs and Malingering

Boone, K.B. (2007). *Assessment of feigned cognitive impairment: A Neuropsychological Perspective*. New York: Guilford.

Larrabee, G.J. (Ed.) (2007). *Assessment of malingered neuropsychological deficits*. New York: Oxford University Press.

McCann, J.T. (1998). *Malingering and deception in adolescents: Assessing credibility in clinical and forensic settings*. American Psychological Association.

Morgan, J.E. and Sweet, J.J. (2009). *Neuropsychology of malingering casebook*. New York: Psychology Press.

Reynolds, C.R. (Ed.) (1998). *Detection of malingering during head injury litigation*. New York: Plenum Press.

Rogers, R. (Ed.) (2008). *Clinical assessment of malingering and deception (3rd Edition)*. New York: Guilford.

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- \*Boone, K.B. (2007). *Assessment of feigned cognitive impairment: A Neuropsychological Perspective*. New York: Guilford.
- \*Larrabee, G.J. (Ed.) (2007). *Assessment of malingered neuropsychological deficits*. New York: Oxford University Press.
- McCann, J.T. (1998). *Malingering and deception in adolescents: Assessing credibility in clinical and forensic settings*. American Psychological Association.
- \*Morgan, J.E. and Sweet, J.J. (2009). *Neuropsychology of malingering casebook*. New York: Psychology Press.
- \*Reynolds, C.R. (Ed.) (1998). *Detection of malingering during head injury litigation*. New York: Plenum Press.
- Rogers, R. (Ed.) (2008). *Clinical assessment of malingering and deception (3rd Edition)*. New York: Guilford.

# Position Papers



Archives of Clinical Neuropsychology  
20 (2005) 997–1007

Archives  
of  
CLINICAL  
NEUROPSYCHOLOGY

Independent and court-ordered forensic neuropsychological  
examinations: Official statement of the National  
Academy of Neuropsychology<sup>☆</sup>

Shane S. Bush<sup>\*</sup>,  
NAN Policy & Planning Committee<sup>1</sup>

Useful general document, but no guidance on assessing response bias

# Position Papers



Archives of Clinical Neuropsychology  
20 (2005) 419–426

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Archives  
of  
CLINICAL  
NEUROPSYCHOLOGY

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NAN position paper

Symptom validity assessment: Practice issues and  
medical necessity  
NAN Policy & Planning Committee

Shane S. Bush\*, Ronald M. Ruff, Alexander I. Tröster, Jeffrey T. Barth,  
Sandra P. Koffler, Neil H. Pliskin, Cecil R. Reynolds, Cheryl H. Silver

# Position Papers

## NAN Position Paper on Symptom Validity Assessment

“In summary, the assessment of symptom validity is an essential part of a neuropsychological evaluation. The clinician should be prepared to justify a decision not to assess symptom validity as part of a neuropsychological evaluation...”

...The following are common methods for assessing symptom validity (Larrabee, 2003; Reynolds, 1998; Slick, Sherman, & Iverson, 1999; Sweet, 1999).

3.1. *Consistency* (interviews, observations, tests)

3.2. *Performance on neurocognitive tests* (invalidity, inconsistencies with known brain function, observed behavior, reliable collaterals, documented background)

3.3. *Performance on psychological tests*

3.4. *Symptom validity tests*

3.5. *Forced-choice tests*

# Position Papers

## NAN Position Paper on Symptom Validity Assessment

### 5.1. Procedures

- (a) Remain abreast of trends in the symptom validity assessment literature.
- (b) Approach the assessment of symptom validity proactively.
- (c) Assess whether cognitive, psychiatric, and/or behavioral symptoms are embellished.
- (d) Use a multi-method approach. A distinction is made between a multi-method approach and a multi-test approach. Whereas the administration of multiple tests may or may not contribute incrementally to the validity of the clinical determination, the use of multiple methods that extend beyond testing is likely to contribute to such validity.
- (e) Inform the examinee at the outset of the evaluation and as needed during the evaluation that good effort and honesty will be required (the examiner may inform the examinee that such factors will be directly assessed).
- (f) Use SVTs with the most appropriate psychometric properties, given the characteristics of the examinee and setting.
- (g) Disperse SVTs or measures with symptom validity indicators throughout the evaluation, with administration of at least one SVT early in the evaluation process.
- (h) Report the results of symptom validity assessment.



# Consensus Statement

*The Clinical Neuropsychologist*, 23: 1093–1129, 2009  
<http://www.psypress.com/tcn>  
ISSN: 1385-4046 print/1744-4144 online  
DOI: 10.1080/13854040903155063

 Psychology Press  
Taylor & Francis Group

## **CE** AMERICAN ACADEMY OF CLINICAL NEUROPSYCHOLOGY CONSENSUS CONFERENCE STATEMENT ON THE NEUROPSYCHOLOGICAL ASSESSMENT OF EFFORT, RESPONSE BIAS, AND MALINGERING

Robert L. Heilbronner, Jerry J. Sweet, Joel E. Morgan,  
Glenn J. Larrabee, Scott R. Millis, and Conference Participants<sup>1</sup>

*During the past two decades clinical and research efforts have led to increasingly sophisticated and effective methods and instruments designed to detect exaggeration or fabrication of neuropsychological dysfunction, as well as somatic and psychological symptom complaints. A vast literature based on relevant research has emerged and substantial portions of professional meetings attended by clinical neuropsychologists have addressed topics related to malingering (Sweet, King, Malina, Bergman, & Simmons, 2002). Yet, despite these extensive activities, understanding the need for methods of detecting problematic effort and response bias and addressing the presence or absence of malingering has proven challenging for practitioners. A consensus conference, comprised of national and international experts in clinical neuropsychology, was held at the 2008 Annual Meeting of the American Academy of Clinical Neuropsychology (AACN) for the purposes of refinement of critical issues in this area. This consensus statement documents the current state of knowledge and recommendations of expert clinical neuropsychologists and is intended to assist clinicians and researchers with regard to the neuropsychological assessment of effort, response bias, and malingering.*

*American Academy of Clinical Neuropsychology*  
*Consensus Conference*

**Neuropsychological Assessment of Effort,  
Response Bias, and Malingering**

Boston, June 2008





## What is a consensus conference?

- A meeting of individuals with a high level of expertise on a subject, who strive to identify areas of agreement that can be made public for the purpose of guiding others within the profession.
- Not common in psychology or neuropsychology, but common among medical specialties and interdisciplinary groups that share common interests that are deemed “important”, especially when controversial topics need resolution.

## What is a consensus conference statement?

As a product of recognized experts, it is:

- a. Different from a narrative *literature review*, though perhaps relying on relevant published reviews of the literature,
- b. Different from a *meta-analysis* of prior published studies, though perhaps relying on relevant meta-analytic (or quantitative) reviews,
- c. Different from a typical *position statement* by an organization, which is often on a very specific point that may or may not be informed by scientific investigation (e.g., ethics complaints during forensic proceedings, neuropsychologists are allowed to use testing assistants) and is created by a smaller group, such as a standing committee.

## What is a consensus conference statement?

- d. Different from *practice standards*, which “are mandatory and may be accompanied by an enforcement mechanism.” (APA, 2005 from *Determination and Documentation of the Need for Practice Guidelines*)
- e. *Practice guidelines and consensus conference statements* share:
  - making suggestions or recommendations of “specific professional behavior, endeavor, or conduct” (APA, 2005)
  - being aspirational, not mandatory
  - goal of assisting practitioners to deliver high quality services
  - not viewed as a means of identifying a group or specialty area and not excluding practitioners from practicing in a particular area

**Consensus Conference  
Neuropsychological Assessment  
of Effort, Response Bias, and Malingering**

**Definitions  
and  
Differential  
Diagnosis**

**Research Evidence  
and  
Scientific Issues**

**Ability  
Issues**

**Somatic  
Issues**

**Psychological  
Issues**

**A Single Integrated  
*Consensus Statement***

# AACN Consensus Conference on Effort, Response Bias, and Malingering

- Definitional and Conceptual Issues
  - The term *secondary gain* is not synonymous with malingering and is best limited a description of the context of evaluation
  - The term malingering is descriptive; though considered a diagnosis, it does not identify a clinical disorder
  - Failure on effort measures is not synonymous with malingering
- Ability Issues
  - Evidence indicates clinicians *can* diagnose malingering
  - Published diagnostic approaches (e.g., Slick criteria) are better than APA DSM-IV-TR diagnostic criteria for malingering
  - Invalid presentations are: (1) not fully explained by brain dysfunction, (2) not reasonably attributable to moderator (e.g., education) or confounding variables (e.g., fatigue), and significantly worse than or different in degree or pattern from performance standards known to reflect genuine disorder

# AACN Consensus Conference on Effort, Response Bias, and Malingering

- Ability Issues (continued)
  - In general, neuropsychologists routinely encourage optimal effort.
  - Use of psychometric indicators is the most valid approach to identifying neuropsychological response validity.
  - Stand-alone & embedded validity indicators should both be used
  - Self-reported symptoms are best evaluated with instruments that contain proven validity measures. When these indicate invalid responding, instruments without validity measures should not be interpreted.
  - When in a clinical evaluation, clinicians should be mindful of the possibility of future litigation and act accordingly.
  - Substantial discrepancy between test results and known disorder effects should raise concern regarding insufficient effort, response bias, and malingering.

# AACN Consensus Conference on Effort, Response Bias, and Malingering

- Ability Issues (continued)
  - As the number and extent of findings indicate presence or absence of response bias increase, confidence regarding validity conclusions is strengthened.
  - When a psychological disorder and ability deficits are claimed, clinicians should administer measures that can evaluate response bias related to both.
  - Serial evaluations can be particularly helpful in discriminating genuine injury from unrealistic performances or variable self-report of deficits and disabilities that reflect variable effort and/or response bias.

# AACN Consensus Conference on Effort, Response Bias, and Malingering

- Somatic Issues
  - When assessing the possibility of non-credible somatic presentation, clinicians should use multiple well-validated measures covering self report, performance, and symptom validity.
  - To keep false positives low, which is important, carefully rule out plausible alternative explanations. The veracity of self report considers actuarial data as an aid to clinical judgment.
  - The completeness and accuracy of historical information is important in evaluating the validity of somatic complaints.
  - Clinicians should keep current with relevant literature that addresses non-credible somatic presentation.



# AACN Consensus Conference on Effort, Response Bias, and Malingering

- Psychological Issues
  - Self-reported psychological symptoms may be biased, false, or incomplete; proactive assessment must evaluate these possibilities.
  - Clinicians should utilize multiple SVTs throughout the evaluation.
  - Clinicians should be familiar with base rates of mental disorders and emotional symptoms in the general population.
  - Co-occurrence of genuine psychopathology and feigned/exaggerated symptoms is common in litigants; important to delineate the relative presence of each.
  - Clinicians should use best available, current methodologies and instruments.
  - Clinicians should be current consumers of the relevant scientific literature.

## **AACN Consensus Conference on Effort, Response Bias, and Malingering**

With all three areas (Ability, Somatic, Psychological), consider cultural and ethnic differences as appropriate to individual case. Demographic variables should also be considered. Gender is not a factor in general, but with a subset of measures (e.g., strength) gender may need to be considered.

# The Prominence of Guidelines

National Guideline Clearing House website

<http://www.guideline.gov/>

NGC is a public resource for evidence-based clinical practice guidelines. Under auspices of the



# What are Guidelines? American Medical Association

Practice parameters or guidelines should:

- 1) be developed by or in conjunction with physician organizations,
- 2) explicitly describe the methodology and process used in their development,
- 3) assist practitioner and patient decisions about appropriate health care for specific clinical circumstances,
- 4) be based on current professional knowledge and reviewed and revised at regular intervals, and
- 5) be widely disseminated.

# What are Guidelines? Institute of Medicine

Practice guidelines are systematically developed statements to assist practitioners and patients in making decisions about appropriate health care for specific clinical circumstances.

Attributes or criteria desired in the finished product:

- 1) validity, based on the strength of the evidence, expert judgment, and estimates of health and cost outcomes compared with alternative practices;
- 2) reliability and reproducibility;
- 3) clinical applicability and flexibility;
- 4) clarity;
- 5) attention to multidisciplinary concerns;
- 6) timely updates; and
- 7) documentation.

# **Infectious Diseases Society of America Perspective on Guidelines**

Guidelines cannot always account for individual variation among patients.

Guidelines are not intended to supplant physician judgment with respect to particular patients or special clinical situations.

Adherence to IDSA guidelines is voluntary, with the ultimate determination regarding their application to be made by the physician in the light of each patient's individual circumstances.

# What are Guidelines?

## American Psychological Association Policy on Creating Guidelines

*Guidelines* are statements that suggest or recommend specific professional behavior, endeavor, or conduct for psychologists.

Primary purpose of *practice guidelines* is to assist the practitioner in the provision of high quality psychological services by providing well-supported practical guidance and education in a particular practice area.

Practice guidelines also “inform psychologists, the public, and other interested parties regarding desirable professional practices”.

# What are Guidelines?

## American Psychological Association Policy on Creating Guidelines

- Guidelines are aspirational in intent, not mandatory.
- Guidelines may not be applicable to every professional and clinical situation.
- Not definitive and not intended to take precedence over the judgment of psychologists.
- Consist of recommendations to professionals concerning their conduct and the issues to be considered in particular areas of psychological practice.



## Examples of Recent APA Guidelines

- Guidelines for Child Custody Evaluations In Family Law Proceedings (2010)
- Guidelines for the Practice of Parenting Coordination (2011)
- Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change (2011)
- Guidelines for Assessment of and Intervention with Persons with Disabilities (2011)

# AACN Practice Guidelines

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 Psychology Press  
Taylor & Francis Group

## AMERICAN ACADEMY OF CLINICAL NEUROPSYCHOLOGY (AACN) PRACTICE GUIDELINES FOR NEUROPSYCHOLOGICAL ASSESSMENT AND CONSULTATION

### Board of Directors

*American Academy of Clinical Neuropsychology*

*This document is the first set of practice guidelines to be formally reviewed and endorsed by the AACN Board of Directors and published in the official journal of AACN. They have been formulated with the assumption that guidelines and standards for neuropsychological assessment and consultation are essential to professional development. As such, they are intended to facilitate the continued systematic growth of the profession of clinical neuropsychology, and to help assure a high level of professional practice. These guidelines are offered to serve members of AACN, as well as the field of clinical neuropsychology as a whole.*

# AACN Practice Guidelines

## E. Assessment of Motivation and Effort

A growing literature suggests that the assessment of motivation and effort is critical when conducting a neuropsychological evaluation (Bush & NAN Policy & Planning Committee, 2005b). This area has received the greatest emphasis in forensic assessment, in which symptom magnification, impression management, or even feigning of impairment can occur (Mittenberg, Patton, Canyock, & Condit, 2002). However, the assessment of effort and motivation is important in any clinical setting, as a patient's effort may be compromised even in the absence of any potential or active litigation, compensation, or financial incentives. Approaches for assessing motivation and effort include: behavioral observations from interview or testing of behaviors such as avoidance, resistance, hostility, and lack of cooperation; examination of the pattern of performance among traditional neuropsychological measures; identification of unexpected or unusually slow and/or impaired levels of performance; identification of cognitive profiles that do not fit with known patterns typical of brain disorders; and consideration of suspect performance on objective measures of effort. Clinicians utilize multiple indicators of effort, including tasks and paradigms validated for this purpose, to ensure that decisions regarding adequacy of effort are based on converging evidence from several sources, rather than depending on a single measure or method.

# AACN Practice Guidelines

## E. Assessment of Motivation and Effort

A growing literature suggests that **the assessment of motivation and effort is critical when conducting a neuropsychological evaluation** (Bush & NAN Policy & Planning Committee, 2005b).

# AACN Practice Guidelines

## E. Assessment of Motivation and Effort

**Approaches for assessing motivation and effort include: behavioral observations from interview or testing of behaviors such as avoidance, resistance, hostility, and lack of cooperation; examination of the pattern of performance among traditional neuropsychological measures; identification of unexpected or unusually slow and/or impaired levels of performance; identification of cognitive profiles that do not fit with known patterns typical of brain disorders; and consideration of suspect performance on objective measures of effort.**

# AACN Practice Guidelines

## E. Assessment of Motivation and Effort

**Clinicians utilize multiple indicators of effort**, including tasks and paradigms validated for this purpose, to ensure that decisions regarding adequacy of effort are based on converging evidence from several sources, **rather than depending on a single measure or method.**

# Coalescence of Practice Information

## By Authority and Influence

- Literature Review (Narrative)
- Meta-Analytic Review
- Position Paper
- Consensus Conference Statement
- Practice Guidelines
- Practice Standards

**Set by  
profession**

**Set by community  
(aka lawyers/courts)**



## If you are not on board yet...

*Waiting for Godot...* (Wikipedia)...follows two days in the lives of a pair of men who divert themselves while they wait expectantly and in vain for someone named Godot to arrive. They claim wanting an acquaintance but in fact they don't know him, admitting that they would not recognise him were they to see him. To occupy themselves, they eat, sleep, converse, argue, sing, play games, exercise, swap hats, and contemplate suicide. — anything “to hold the terrible silence at bay.”

Are you waiting for the knowledge base to mature?  
Are you waiting for professional guidance from experts?  
Are you waiting for mainstream professional organizations to weigh in?

What *are* you waiting for? Godot?

# Points of Consensus for Neuropsychologists

16. Effort and Malingering Will be Asked About in All Adversarial Cases; Deal With This Prospectively

a. Alternatively, when the time comes, admit under oath loud and clear for everyone to hear that you are:

**RIDICULOUSLY UNINFORMED,**

**OUTRAGEOUSLY NAÏVE,**

**OR OBVIOUSLY BIASED!!!**

b. Reality is anyone not evaluating for effort and response validity is going against the strongly stated published practice recommendations of numerous forensic experts and can be impeached easily for saying 'it isn't so'.

To view extensive forensic bibliography, go to URL:

[www.sweetmalingeringsrefs.webstarts.com](http://www.sweetmalingeringsrefs.webstarts.com)

**Evanston Hospital**



**Glenbrook Hospital**



**Highland Park Hospital**



**Skokie Hospital**